

REPORT ON LEGISLATIVE ACTIVITIES  
OF THE  
COMMITTEE ON  
HEALTH, EDUCATION, LABOR, AND PENSIONS  
UNITED STATES SENATE  
DURING THE  
106TH CONGRESS  
1999–2000  
PURSUANT TO  
SECTION 136 OF THE LEGISLATIVE REORGANIZATION ACT OF  
1946, AS AMENDED BY THE LEGISLATIVE REORGANIZATION ACT  
OF 1970



APRIL 4, 2001.—Ordered to be printed

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[106TH CONGRESS]

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[107TH CONGRESS]

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## FOREWORD

This report on the legislative activities of the Committee on Health, Education, Labor, and Pensions during the 106th Congress is submitted pursuant to section 136 of the Legislative Reorganization Act of 1946 (2 U.S.C. 190d), as amended by Public Laws 91-050, 92-136, and 93-334. The Legislative Reorganization Act requires standing committees of the U.S. Senate to "review and study, on a continuing basis, the application, administration, and execution" of laws within their jurisdiction and to submit biennial reports to the Congress. The full text of section 136 is as follows:

Sec. 136.(a) In order to assist the Congress—

(1) its analysis, appraisal, and evaluation of the application, administration, and execution of the laws enacted by Congress, and

(2) its formulation, consideration and enactment of such modifications of or changes in those laws, and of such additional legislation, as may be necessary or appropriate, each standing committee of the Senate and the House of Representatives shall review and study, on a continuing basis, the application, administration, and execution of those laws, or parts of laws, the subject matter of which is within the jurisdiction of that committee. Such committees may carry out the required analysis, appraisal, and evaluation themselves, or by contract, or may require a government agency to do so and furnish a report thereon to the Congress. Such committees may rely on such techniques as pilot testing, analysis of costs in comparison with benefits, or provision for evaluation after a defined period of time.

(b) In each odd-numbered year beginning on or after January 1, 1973, each standing committee of the Senate shall submit, not later than March 31, to the Senate . . . a report on the activities of that committee under this section during the Congress ending at noon on January 3 of such year.

(c) The preceding provisions of this section do not apply to the Committees on Appropriations, the Budget, House Administration, Rules, and Standards of Official Conduct of the House.

JAMES M. JEFFORDS, *Chairman*.



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1st Session }

SENATE

{ REPORT  
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REPORT ON LEGISLATIVE ACTIVITIES OF THE COMMITTEE  
ON HEALTH, EDUCATION, LABOR, AND PENSIONS

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APRIL 4, 2001.—Ordered to be printed

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Mr. JEFFORDS, from the Committee on Health, Education, Labor,  
and Pensions, submitted the following

R E P O R T

[Pursuant to section 136 of the Legislative Reorganization Act of 1946, as amended  
by the Legislative Reorganization Act of 1970, as amended]

**COMMITTEE JURISDICTION**

The jurisdiction of the Health, Education, Labor, and Pensions Committee in the 106th Congress was set forth in paragraph 1.(1) of Rule XXV of the Standing Rules of the Senate as follows:

(m)(1) Committee on Health, Education, Labor, and Pensions, to which committee shall be referred all proposed legislation, messages, petitions, memorials, and other matters relating to the following subjects:

1. Measures relating to education, labor, health, and public welfare.
2. Aging.
3. Agricultural colleges.
4. Arts and humanities.
5. Biomedical research and development.
6. Child labor.
7. Convict labor and the entry of goods made by convicts into interstate commerce.
8. Domestic activities of the American National Red Cross.
9. Equal employment opportunity.
10. Gallaudet College, Howard University, and Saint Elizabeths Hospital.
11. Handicapped individuals.
12. Labor standards and labor statistics.

13. Mediation and arbitration of labor disputes.
14. Occupational safety and health, including the welfare of miners.
15. Private pension plans.
16. Public health.
17. Railway labor and retirement.
18. Regulation of foreign laborers.
19. Student loans.
20. Wages and hours of labor.

(2) Such committee shall also study and review, on a comprehensive basis, matters relating to health, education and training, and public welfare, and report thereon from time to time.



## COMMITTEE ORGANIZATION\*

During the 106th Congress, the committee was organized into the following subcommittees:

### AGING

Mr. Hutchinson, *Chairman*

Mr. Jeffords	Ms. Mikulski
Mr. Warner	Mr. Dodd
Mr. Bond	Mrs. Murray
Mr. Roberts	Mr. Edwards
	Mrs. Clinton

### CHILDREN AND FAMILIES

Mr. Gregg, *Chairman*

Dr. Frist	Mr. Dodd
Mr. Warner	Mr. Bingaman
Mr. Bond	Mr. Wellstone
Ms. Collins	Mrs. Murray
	Mr. Reed

### EMPLOYMENT AND TRAINING

Mr. Enzi, *Chairman*

Mr. Jeffords	Mr. Wellstone
Mr. Gregg	Mr. Kennedy
Mr. Sessions	Mr. Dodd
	Mr. Harkin

### PUBLIC HEALTH AND SAFETY

Dr. Frist, *Chairman*

Mr. Jeffords	Mr. Kennedy
Mr. Coats	Mr. Harkin
Mr. DeWine	Ms. Mikulski
Mr. Enzi	Mr. Bingaman

(\*Note.—The Chairman and the Ranking Minority Member are *ex officio* of the subcommittees they do not serve on.)



## **REVIEW OF LEGISLATIVE ACTIVITY**

The Committee on Health, Education, Labor, and Pensions has jurisdiction over approximately 1,000 Federal programs relating to health, education, disability policy, children and families, older Americans, pensions, labor, and public welfare. These programs are administered by the Departments of Education, Health and Human Services, Labor and over a hundred independent agencies, councils, and bureaus.

During the 106th Congress, which convened on January 6, 1999 and adjourned on December 15, 2000, almost 400 bills and resolutions were referred to the committee for its consideration, reflecting the substantial interest in issues within the committee's jurisdiction. The committee and its subcommittees held over 100 hearings, and produced over 20 public laws, many of which came within the area of health care.

## **FULL COMMITTEE ACTIVITIES**

In addition to the legislation referred to the committee, some 800 nominations and promotions within the Public Health Service Corps were received by the committee during the 106th Congress, reported and confirmed by the Senate.

The committee reported 17 bills and resolutions to the Senate, and 21 measures within its jurisdiction were enacted into law. No measures within the committee's jurisdiction were vetoed.

The committee and its subcommittees held over 100 days of public hearings, held 20 executive sessions for the purpose of considering legislation and nominations, and conducted 1 conference with the House of Representatives.

## **I. BILLS FROM THE HELP COMMITTEE ENACTED INTO LAW**

### **A. Health Care**

#### **HEALTHCARE RESEARCH AND QUALITY ACT OF 1999**

The Healthcare Research and Quality Act of 1999 reauthorizes the Agency for Health Care Policy and Research, renames it, and focuses its activities on improving health care quality. The mission of the newly renamed Agency for Healthcare Research and Quality is to foster overall improvement in health care quality by advancing the development, evaluation, and dissemination of quality measures within the Agency, as well as by participating in public-private partnerships; facilitating innovation in patient care, with streamlined assessment of new technologies; synthesizing and making the latest health care information accessible and widely available to all interested audiences; and reporting annually to Congress

on the state of quality in the Nation. In addition, through coordination of various Federal quality initiatives, the Agency is to become the hub and driving force of Federal efforts to improve quality of health care in all practice environments.

*[Public Law 106–129, enacted December 6, 1999. S. 580 (H.R. 2506).]*

### **POISON CONTROL CENTER ENHANCEMENT AND AWARENESS ACT**

The Poison Control Center Enhancement and Awareness Act strengthens our Nation's poison control centers by establishing a national, toll-free number to ensure that all United States residents have access to poison control services; implementing a nationwide media campaign to educate the public and health care providers about poison prevention and advertise the new nationwide, toll-free number; and establishing a grant program to stabilize the funding mechanism, prevent poisonings, provide treatment recommendations for poisonings, and improve poison control center services.

*[Public Law 106–174, enacted February 25, 2000. S. 632 (H.R. 1221).]*

### **CHURCH PLAN PARITY AND ENTANGLEMENT PREVENTION ACT OF 1999**

The Church Plan Parity and Entanglement Prevention Act of 1999 clarifies the status of church health insurance plans under State law. The legislation addresses the problem of health insurance issuers' refusing to do business with church plans because of concern that church plans could be classified as unlicensed entities. The bill further clarifies that a church welfare plan is considered to be sponsored by a single employer that does not engage in the business of insurance for purposes of State insurance laws. Under the legislation, network providers and insurance companies may establish the same contractual relationship with a church plan as they are permitted to establish with any single employer plan covered under ERISA in that State. Finally, S. 1309 exempts church welfare plans from State licensing requirements while preserving State authority to enforce insurance law provisions that remain applicable to church plans.

*[Public Law 106–244, enacted July 10, 2000. S. 1309.]*

### **CHILDREN'S HEALTH ACT OF 2000**

The Children's Health Act of 2000 authorizes programs to reduce the rate of infant mortality and to improve understanding of maternal complications and mortality. Injury prevention programs at the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA) are reauthorized and strengthened. The bill coordinates prevention and service programs for the most common childhood diseases and conditions, such as obesity,

asthma, and lead poisoning. The bill establishes a Pediatric Research Initiative within the NIH to enhance collaborative efforts, provide increased support for pediatric biomedical research, and ensure that opportunities for advancement in scientific investigations and care are realized for diabetes, autism, and other pediatric diseases.

The Children's Health Act was introduced in the Senate as S. 2868. The provisions of the bill were offered as a Frist/Jeffords/Kennedy amendment to H.R. 4365, House companion legislation, and were approved in the Senate by unanimous consent on September 22, 2000. The amendment also included legislation to combat the proliferation of methamphetamines; measures to provide additional services programs for individuals who suffer from mental illness and addiction disorders; and S. 976, the Youth Drug and Mental Health Services Act of 1999, which passed the Senate on November 13, 1999.

The Youth Drug and Mental Health Services Act of 1999, which was approved by the committee by a vote of 17 to 1, on July 28, 1999, reauthorizes and improves the Substance Abuse and Mental Health Services Administration (SAMHSA). The reauthorization accomplishes six goals: (1) promotes State flexibility by easing outdated or unneeded requirements governing the expenditure of Federal block grants; (2) ensures State accountability by moving away from the present system's inefficiencies to a performance-based system; (3) provides substance abuse treatment services and early intervention substance abuse services for children and adolescents; (4) helps local communities treat violent youth and minimize outbreaks of youth violence through partnerships among schools, law enforcement, and mental health services; (5) ensures Federal funding for substance abuse or mental health emergencies; and (6) supports and expands programs providing mental health and substance abuse treatment services to homeless individuals.

In addition, the measure incorporated the text of S. 1996, a bill to amend the Public Health Service Act, to clarify provisions relating to the content of petitions for compensation under the vaccine injury compensation program. Senate bill 1996 specifies, in addition to other current requirements, that a petition for compensation under the program for a vaccine-related injury or death must contain, subject to exception, an affidavit and supporting documentation, demonstrating that the person who suffered such injury or who died suffered such illness, disability, injury, or condition from the vaccine which resulted in inpatient hospitalization and surgical intervention to correct such illness, disability, injury, or condition. On November 19, 1999, the bill was introduced in the Senate, read twice, considered, read the third time, and passed without amendment by unanimous consent. The measure was subsequently included in H.R. 4365.

*[Public Law 106-310, enacted October 17, 2000. H.R. 4365 (S. 2868).]*

#### **RYAN WHITE CARE ACT AMENDMENTS OF 2000**

The Ryan White CARE Act Amendments revise and extend programs established pursuant to the Ryan White Comprehensive

AIDS Resources Emergency (CARE) Act of 1990. The program provides Federal funding under Title XXVI of the Public Health Service Act to improve access to health care and the quality of health care for persons with HIV and AIDS. The measure places a heightened priority on service planning, priority setting, and quality management activities. In addition, the bill strengthens early intervention programs, and also provides supplemental funding for emerging communities hard hit by the AIDS epidemic and a renewed focus on rural and underserved areas. The Senate bill (S. 2311) was reported favorably by the committee on May 15, 2000, by a unanimous voice vote (Senate Report No. 106-294). The final version of the bill includes provisions providing financial incentives to States that enact newborn testing requirements; emphasizing the use of living HIV cases as a means of tracking the epidemic; and awarding grants under the Act, as well as strengthening HIV prevention programs.

*[Public Law 106-345, enacted October 20, 2000. S. 2311 (H.R. 4807).]*

#### **MEDICINE EQUITY AND DRUG SAFETY ACT OF 2000**

The Medicine Equity and Drug Safety Act of 2000, S. 2520, amends the Federal Food, Drug, and Cosmetic Act to require regulations permitting the importation into the United States of prescription drugs. The regulations promulgated by the Secretary must ensure that each drug product that is imported under this section complies with sections 501, 502, and 505, and any other applicable provisions of the Federal Food, Drug, and Cosmetic Act, is safe and effective for its intended use, and meets all of the provisions of this section. This provision also grants broad discretionary authority to the Secretary to include any additional provisions in the regulations that are necessary to protect the public health and to facilitate the importation of drug products under this section. The purpose of this act is to allow importation of safe, FDA-approved, U.S.-made, lower cost prescription drugs into the United States in order to lower the prices of such drugs to American consumers. The subject of safe importation of prescription drugs was the subject of a committee hearing on June 13, 2000. An amended version of S. 2520 was offered by Chairman Jeffords and others as an amendment to H.R. 4461. After a second degree amendment offered by Senator Cochran was accepted, the amendment was agreed to by a vote of 74 to 21 (Senate Amdt. 3925). An amended version of S. Amdt. 3925 was included in the H.R. 4461 Conference Report, which was agreed to by a vote of 86 to 8.

*[Public Law 106-387, enacted October 28, 2000.]*

#### **PUBLIC HEALTH IMPROVEMENT ACT OF 2000**

The Public Health Improvement Act (H.R. 2498) as enacted is an omnibus bill containing several public health related bills that had been considered by either the House or Senate throughout the 106th Congress. The House passed H.R. 2498 on May 23, 2000. The bill was received in the Senate and placed on the Senate legislative calendar under general orders (Calendar No. 572). The measure

was laid before the Senate with an amendment in the nature of a complete substitute (S. Amdt. 4344) and agreed to in the Senate by unanimous consent on October 26, 2000. The measure as passed incorporates provisions originating in the following bills.

The Clinical Research Enhancement Act of 1999 (S. 1813, H.R. 1798) amends the Public Health Service Act to require the Director of the National Institutes of Health (NIH) to support and expand the NIH's involvement in clinical research; and to support and expand the resources available for the clinical research community. It directs the Secretary of Health and Human Services to establish a loan repayment program for qualified health professionals who have contracted with the Federal Government to conduct clinical research in return for the Government's repayment of a specified amount of their educational loans for each year of service. It also authorizes appropriations to carry out the loan repayment provisions. The Committee discharged S. 1813 by unanimous consent, and the bill was passed by the Senate without amendment by unanimous consent on November 19, 1999. The measure was not considered separately by the House of Representatives but was subsequently included in a substitute amendment to H.R. 2498.

The Public Health Threats and Emergencies Act (S. 2731, Senate Report 106–505) amends the Public Health Service Act to establish a more unified public health infrastructure system. The measure reinforces the national, State, and local public health care capacities and the Nation's ability to respond to emerging public health threats, such as antimicrobial resistance and the possibility of bioterrorist attack. On September 20, 2000, the committee reported favorably on S. 2731 unanimously by a voice vote.

The Twenty-First Century Research Laboratories Act (S. 1268) amends the Public Health Service Act, and it: provides for the modernization and construction of biomedical and behavioral research facilities; establishes review boards for merit-based awards; provides for construction programs for regional primate research centers, reauthorizing and extending them; and reauthorizes on a permanent basis the Shared Instrumentation Grant Program. On November 19, 1999, the committee discharged S. 1268 by unanimous consent. On November 19, 1999, the legislation passed the Senate, with an amendment offered by Senator Harkin, by unanimous consent.

The Cardiac Arrest Survival Act of 2000 (H.R. 2498, S. 1488) amends the Public Health Service Act to provide for recommendations of the Secretary of Health and Human Services regarding the placement of automatic external defibrillators in Federal buildings in order to improve survival rates of individuals who experience cardiac arrest in such buildings. It also establishes liability protections for 11 Good Samaritans" regarding emergency use of automated external defibrillators. Such liability protections do not apply to a person, if: (1) the harm was caused by willful or criminal misconduct, gross negligence, reckless misconduct, or a conscious, flagrant indifference to the rights or safety of the victim; (2) the person is a licensed or certified health professional and is acting in his or her professional capacity; (3) the person is a hospital, clinic, or other entity whose purpose is providing health care; or (4) the person is an acquirer of a device who leased the device to a health

care entity. The Committee discharged S. 1488 by unanimous consent, and the bill was passed by the Senate without amendment by unanimous consent on November 19, 1999. The measure was not considered separately by the House of Representatives, but the House subsequently included a similar provision in a substitute amendment to H.R. 2498.

The Rural Access to Emergency Devices Act, H.R. 2498 (S. 2528), directs the Secretary of Health and Human Services, acting through the Rural Health Outreach Office of the Health Resources and Services Administration, to award grants to qualified community partnerships to enable such partnerships to purchase automatic external defibrillators and to provide defibrillator and basic life support training in automated external defibrillator usage. A community partnership is eligible, if it: (1) is composed of local emergency response entities; (2) evaluates the local community response times; and (3) submits the appropriate application to the Secretary of Health and Human Services. The bill authorizes \$25,000,000 to be appropriated for fiscal years 2001 through 2003 to carry out this section. The committee discharged S. 2528 by unanimous consent, and the bill was passed by the Senate without amendment by unanimous consent on October 10, 2000. The Senate approved this provision as an amendment to the Labor/Health and Human Services/Appropriations bill (H.R. 4577) in the form of Senate Amdt. 3702. The measure was not considered separately by the House of Representatives prior to consideration of the substitute amendment for H.R. 2498.

The Lupus Research and Care Amendments of 2000 (H.R. 762, House Report 106-950) provide for an intensified program of biomedical research on lupus disease and establish a program of grants for the delivery of essential services to individuals living with lupus and their families. H.R. 762 was considered and favorably reported by the House Committee on Commerce and passed by the House on suspension of the rules on October 10, 2000.

The Prostate Cancer Research and Prevention Act (S. 1243) amends the Public Health Service Act to strengthen programs to increase awareness, improve surveillance, and provide for prostate cancer screening. Senate bill 1243 was discharged by the Committee and passed by the Senate by unanimous consent on November 19, 1999.

The Organ Procurement Organization Certification Act of 2000 (S. 2235, H.R. 4592) provides for the development of improved performance measures of donations for organs and for the recertification of organ procurement organizations. The bill also designates Thanksgiving Day of 2000 to raise awareness of the need for organ donations.

The Alzheimer's Clinical Research and Training Awards Act of 2000 (H.R. 4015) would authorize the establishment and maintenance of the Alzheimer's disease physician-scientist program to enhance and promote the translation of new scientific knowledge into clinical practice toward the diagnosis, care, and treatment of individuals with Alzheimer's disease.

In addition, the Public Health Improvement Act includes a program establishing centers of excellence related to research and training on sexually transmitted disease.



*[Public Law 106-505, enacted November 13, 2000. H.R. 2498.]*

### **HEALTH CARE FAIRNESS ACT OF 1999**

The Act establishes the National Center on Minority Health and Health Disparities which is to conduct and support research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities. The bill is targeted at minority populations in the United States and directs the Director of the National Center to coordinate all minority health disparities research and other health disparities research conducted or supported by the National Institutes of Health. An Advisory Council is also established to assist the Director in carrying out his responsibilities. On October 26, 2000, S. 1880 was discharged by the Committee by unanimous consent and laid before the Senate by unanimous consent and amended in the nature of a complete substitute (Senate Amdt. 4349) and agreed to in the Senate by unanimous consent.

*[Public Law 106-525, enacted November 22, 2000. S. 1880.]*

### **INTERAGENCY COORDINATING COMMITTEE ON THE VALIDATION OF ALTERNATIVE METHODS (ICCVAM)**

#### **AUTHORIZATION ACT OF 2000**

The ICCVAM Authorization Act establishes, wherever feasible, guidelines, recommendations, and regulations that promote the regulatory acceptance of new and revised toxicological tests that protect human and animal health and the environment while reducing, refining, or replacing animal tests and ensuring human safety and product effectiveness. The bill was approved by the committee with an amendment in the nature of a substitute on October 11, 2000 (S. Rept. 106-496). The House companion bill, H.R. 4281 (H. Rept. 106-980), passed the Senate by unanimous consent on December 6, 2000.

*[Public Law 106-545, enacted December 29, 2000. H.R. 4281 (S. 1495).]*

### **CHIMPANZEE HEALTH IMPROVEMENT, MAINTENANCE, AND PROTECTION ACT**

The Chimpanzee Health Improvement, Maintenance, And Protection (CHIMP) Act Amends title IV of the Public Health Service Act directs the Secretary of Health and Human Services to provide, through a contract with a nonprofit private entity, for the establishment and operation of a national sanctuary system for all surplus federally owned chimpanzees that are no longer needed in research conducted or supported by the National Institutes of Health, the Food and Drug Administration, or other Federal agencies. The CHIMP Act also allows any chimpanzee that is not owned by the Federal Government be accepted into the system if the owner transfers title to the chimpanzee to the sanctuary system. Provides for standards for permanent retirement of chimpanzees into the

system, including prohibiting using sanctuary chimpanzees for research except in specified circumstances. The Act requires such standards to empower the Secretary to authorize imposition of a fee (except in certain circumstances) for accepting a non-Federal chimpanzee into the system. The Act also authorizes the Secretary to make grants or contracts for the operation of facilities that provide for the retirement of chimpanzees in accordance with the same standards that apply to the sanctuary system. On December 6, 2000, H.R. 3514 passed the Senate without amendment by Unanimous Consent.

*[Public Law 106-551, enacted December 20, 2000. H.R. 3514 (S. 2725)]*

### **NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING ESTABLISHMENT ACT**

The Act establishes the National Institute of Biomedical Imaging and Bioengineering which shall include research and related technology assessments and development in biomedical imaging and bioengineering, including a plan to initiate, expand, intensify, and coordinate Institute biomedical imaging and bioengineering activities. The Act also requires: (1) the consolidation and coordination of biomedical imaging and bioengineering research and related activities with those of the NIH and other Federal agencies; and (2) the establishment of an Institute advisory council. On September 26, 2000, H.R. 1795 was placed on the Union Calendar and passed by the House of Representatives under a suspension of the rules. The bill was received in the Senate the following day and read twice. On December 15, 2000, the measure was passed by the Senate without amendment by unanimous consent.

*[Public Law 106-580, enacted December 29, 2000. S. 1110]*

### **B. Disability Policy**

#### **DEVELOPMENTAL DISABILITIES ASSISTANCE AND BILL OF RIGHTS ACT**

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 2000 (S. 1809) provides for a 7-year reauthorization of the Act (through fiscal year 2007). This Act promotes self-determination, independence, productivity, integration, and inclusion in community life for individuals with developmental disabilities.

The Act authorizes funding for three previously established state programs: State Councils on Developmental Disabilities (DDCs), Protection and Advocacy Systems (P&As), and University Centers for Excellence in Developmental Disabilities in Education, Research, and Service (Centers). Historically, the DDCs, P&As, and Centers have engaged in advocacy, capacity building, and systemic change activities to improve access to the array of services and supports available to individuals with developmental disabilities and their families. The Act gives DDCs, P&As, and Centers increased

flexibility; specifies the responsibilities of the three programs; and provides increased definition as to how the programs can contribute to a State's efforts to respond to the needs of individuals with developmental disabilities.

The Act authorizes funding for State DDCs to engage in advocacy, capacity building, and systemic change activities to develop and coordinate consumer, family-centered, and familydirected, comprehensive systems of community services and individualized supports for individuals with developmental disabilities and their families. The Act authorizes funds for P&A Systems to provide advocacy services, legal, administrative and other appropriate remedies, training, and technical assistance, to protect the legal and human rights of individuals with developmental disabilities. Additionally, it authorizes an American Indian Consortium to provide P&A services and to receive funding to provide such services. The Act directs the Secretary of Health and Human Services (HHS) to make 5-year grants to University Centers for Excellence in Developmental Disabilities Education, Research, and Services (previously referred to as University Affiliated Programs) in each State, as well as grants for training initiatives related to the unmet needs of individuals with disabilities and their families. The Centers are authorized to conduct interdisciplinary education, research, and public service activities through universities, that promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

The Act requires the Secretary to award grants, contracts, or cooperative agreements to public or nonprofit private entities for projects of national significance relating to the development of policies that reinforce and promote the self-determination, independence, productivity, integration, and inclusion of individuals with developmental disabilities into all aspects of community life.

The Act establishes a new competitive grant program and two new training programs. It directs the Secretary to make grants to States to support systems change activities to assist States in developing or enhancing statewide systems of family support services for families of children with disabilities, including individuals who are not younger than age 18 who have certain significant impairments and reside with and receive assistance from a family member. The Act also authorizes the development of a training program and a scholarship program for direct support workers who assist individuals with developmental disabilities and their families.

The Act directs the Secretary of HHS to implement an accountability process to monitor entities receiving funds under the Act and provides for the development of indicators of progress for each identified area of emphasis.

*[Public Law 106-402, enacted October 30, 2000. S. 1809 (H.R. 4920)]*

### C. Education

#### EDUCATION FLEXIBILITY PARTNERSHIP ACT OF 1999

The Education Flexibility Partnership Act permits all 50 States to participate in the “Ed Flex” Demonstration Program, which had previously been limited to 12 States.

Department of Education officials have noted that Ed Flex authority can help States in “removing potential regulatory barriers to the successful implementation of comprehensive school reform” efforts. Under Ed Flex, the Department of Education gives a State some authority to grant waivers to a State, giving each State the ability to make decisions about whether some school districts may be granted waivers pertaining to certain Federal requirements. States cannot waive any Federal regulatory or statutory requirements relating to health and safety, civil rights, maintenance of effort, comparability of services, equitable participation of students and professional staff in private schools, parental participation and involvement, and distribution of funds to State or local education agencies.

The Education Flexibility Partnership Act is not meant to serve as the sole solution to improving school and student performance. However, it does serve as a mechanism that will give states the ability to enhance services to students through flexibility with real accountability.

*[Public Law 106–25, enacted April 29, 1999. H.R. 800 (S. 280).]*

#### IMPACT AID REAUTHORIZATION ACT OF 2000

Impact Aid programs provide assistance to school districts that are financially burdened as a result of activities of the Federal Government for the education of federally connected children or due to the presence of Federal property. The authority for impact aid programs is included in title VIII of the Elementary and Secondary Education Act. These programs include: payments relating to Federal property; basic support payments for eligible federally connected children, with additional assistance provided to heavily impacted districts; payments for children with disabilities; construction; and facilities.

The Impact Aid Reauthorization Act extends these programs for 3 years and makes revisions as follows:

*Federal Property:* The Act maintains the current structure for providing payments to school districts due to Federal ownership of property. The existing hold-harmless provisions are replaced with new provisions dealing with the distribution of funds if appropriations are insufficient. In addition, it establishes a 5-year time frame following Federal acquisition of property in which districts may apply for payments.

*Basic Payments:* The Act increases from .10 to .20 the weight assigned to children who have a parent who is on active duty in the uniformed services or is an official of a foreign government and is a foreign military officer, but do not reside on Federal property. A hold-harmless provision is included to assure that other local educational agencies do not lose funds due to this weight adjustment.

It folds payments to heavily-impacted districts into the basic payments structure, consistent with the provisions of a pilot program which has been in operation for the past two years. Over the years, heavily impacted districts in particular have experienced lengthy delays in receiving payments. School officials of heavily impacted districts have expressed satisfaction with the pilot program, particularly in terms of its success in expediting payments.

The Act also clarifies provisions dealing with the renovation or rebuilding of on-base housing and extends these provisions to Indian housing. In addition, it permits military dependents to be counted as on-base students if they reside in housing initially acquired or constructed under the "Build to Lease" program if the property is within the fenced security perimeter of the military facility. New provisions are also included to deal with local educational agencies affected by the removal of Federal property.

*Construction/Modernization:* The current construction authority is expanded to provide assistance for schools serving large proportions of federally connected students in districts which have no bonding authority or are at their limit for bonded indebtedness.

*General Provisions:* The Act requires the Secretary to notify in writing any local educational agency which has failed to meet the deadline for applying for impact aid funds and to deny the application of any agency which is filed more than 60 days following this notification. In addition, unfunded authorities for special additional payments for local educational agencies with high concentrations of children with severe disabilities and for sudden and substantial increases in attendance of military dependents are repealed.

The reauthorization of impact aid programs was included in Title VIII of S. 2, the Educational Opportunities Act, which was reported by the committee on April 12, 2000. (See Senate Report 106-261.) The full Senate did not complete consideration of S. 2 prior to the adjournment of the 106th Congress. The House of Representatives approved a separate impact aid reauthorization bill, H.R. 3616, on May 15, 2000. Portions of each of the Senate and House impact aid proposals were incorporated into a 3-year reauthorization of the program which was included as Title XVIII of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001.

*[Title XVIII of Public Law 106-398, enacted October 30, 2000.*

*See also Title VIII of S. 2 and H.R. 3616.]*

## **D. Children and Families**

### **THE EARLY LEARNING OPPORTUNITIES ACT OF 2000**

The Act making Appropriations for the Departments of Labor, Health and Human Services, and Education included a five year authorization (FY 2001 - FY 2005) for the Early Learning Opportunities (ELO) Act, which was introduced on July 13, 2000 and referred to the Committee on Health, Education, Labor, and Pensions. The legislation was co-sponsored by 26 Senators, 12 Republicans and 14 Democrats.

The purpose of this Act, under the jurisdiction of the Committee on Health, Education, Labor, and Pensions, is to build community-based networks of early learning programs, activities and services that help parents and care givers promote positive early learning experiences for young children (from birth to age 6). The Early Learning Opportunities (ELO) Act creates a State block grant program to increase the availability and accessibility of voluntary programs, services, and activities that support early childhood learning and promote school readiness of young children (from birth to age 6), by helping parents, caretakers, child care providers, and educators who desire to incorporate appropriate developmental activities into the daily lives of pre-school age children, and to facilitate broader involvement of the community to develop a cohesive network of early learning opportunities. The Secretary of HHS is responsible for administering this initiative.

The legislation is authorized for 5 years, \$750,000,000 in FY 01, increasing to \$1 billion in the FY 02, \$1.5 billion in FY 03 and such sums in FY 04 and FY 05. Administrative costs are limited for both the Department of Health and Human Services (3 percent) and the States (2 percent for State-level coordination of services, 2 percent for administrative costs, and 3 percent for training/technical assistance/wage incentives).

The ELO Act requires a State or local match of 15 percent for the first 2 years of the grant, increasing to 20 percent in the third and fourth years, and to 25 percent for any future years of the grant. The funds are allocated to the States based equally on the population of children aged 4 or under and the number of children aged 4 or under who are living in poverty. There is a small State minimum of .4 percent and a 1 percent set-aside for Indian Tribes, Native Alaskans, Hawaii Natives, and the Outlying areas. States are not permitted to use the funds to supplant existing funding for child care, Head Start, and other early learning programs.

To receive a grant allotment, States must submit an application, designate a lead entity, ensure that funds are distributed on a competitive basis throughout the State, ensure that a broad array/variety of early learning programs, activities, and services receive funds and develop mechanisms to ensure compliance with the requirement of the initiative. States also are required to develop performance goals based on an assessment of needs and available resources and award grants consistent with those performance goals. To the maximum extent possible, states will ensure that a broad variety of early learning programs which provide a continuity of services across the age spectrum will be funded. The State must fund programs that help increase parenting skills, that provide direct activities for young children, as well as improve the skills of child care providers. Local Councils receiving funds will work with local educational agencies to identify cognitive, social, and developmental abilities which are expected to be mastered prior to a child entering school. Programs, services and activities funded under this initiative will represent developmentally appropriate steps to mastery of those abilities. Preference is given to grants which include services to areas of greatest need (as defined by the State), and to grants which increase local collaboration to maximize the use of existing resources. There is no definition of entities eligible to receive

grants, in order to facilitate the broadest possible participation among local community resources.

Local Councils receiving funds from the State grant allotment will distribute the funds to community resources to fund a variety of early childhood learning opportunities, including at least 3 of the following: 1) Help parents, care givers, child care providers, and educators increase their capacity to facilitate the development of cognitive, language comprehension, expressive language, social-emotion, and motor skills and promote learning readiness in their young children; 2) Promote effective parenting; 3) Enhance early childhood literacy; 4) Develop linkages among early learning programs within a community and between early learning programs and health care services for young children; 5) Increase access to early learning opportunities for young children with special needs, by facilitating coordination with other programs serving this population; 6) Increase access to existing early learning programs by expanding the days or times that the young children are served, by expanding the number of children served, or improving the affordability of the programs for low-income children; 7) Improve the quality of early learning programs through professional development and training activities, increased compensation, and recruitment and retention incentives, for early learning providers; and 8) Remove ancillary barriers to early learning, including transportation difficulties and absence of programs during non-traditional work times.

## **E. Aging**

### **OLDER AMERICANS ACT AMENDMENTS OF 2000**

The Older Americans Act Amendments of 2000 provided for a 5-year reauthorization of the Older Americans Act. The proposal streamlined and modernized the grants for State and community programs of the Act including authorization for a new National Family Caregivers Program. In addition, the measure made significant revisions to the Senior Community Services Employment Program, including new provisions related to State-based planning, performance measures, competition, and program accountability. The measure also changed the funding formula to bring greater equity to State-based programs. The bill was unanimously approved on a voice vote by the committee on September 7, 2000. The final version of the bill reflects agreements reached with the House of Representatives, including a focus on aging programs in rural areas. On October 25, 2000, the House of Representatives substituted the text of S. 1536 and passed H.R. 782 with an amendment in the nature of a complete substitute. On October 26th, the measure was passed unanimously in the Senate. Senate Report 106–399.

*[Public Law 106–501, enacted November 13, 2000. H.R. 782 (S. 1536).]*

## **F. Labor**

### **CLARIFYING DEFINITION OF FIRE PROTECTION ACTIVITIES**

Congress approved legislation amending the Fair Labor Standards Act (FLSA) to clarify the overtime exemption for employees engaged in fire protection activities. The legislation ensures that firefighters who are cross trained to perform emergency medical services in addition to their firefighting duties will be treated as firefighters for the purposes of overtime under the FLSA. H.R. 1693 was approved by the House on November 4, 1999. The bill passed the Senate without amendment by unanimous consent on November 19, 1999.

*[Public Law 106-151, enacted December 9, 1999. H.R. 1693]*

### **THE WORKER ECONOMIC OPPORTUNITY ACT**

The Worker Economic Opportunity Act, S. 2323, allows employees who are eligible for overtime pay to continue to share in workplace benefits that involve their employer's stock or similar equity-based benefits. The legislation amends the Fair Labor Standards Act of 1938 to exclude from overtime requirements any value or income generated from stock option programs, stock appreciation right programs and Employee Stock Purchase Plans (ESPPs). To qualify, plans must meet certain criteria including ensuring that employee participation is voluntary and that the terms of the plans are fully disclosed to workers.

*[Public Law 106-202, enacted May 18, 2000. S. 2323]*

### **NEEDLESTICK SAFETY**

The Needlestick Safety and Prevention Act, S. 3067, was introduced in the Senate on September 19, 2000. The measure is designed to reduce the number of accidental needlestick injuries suffered by health care workers. The heart of the bill is the requirement that health care industry employers identify, evaluate, and make use of safer medical devices, such as syringes with needle guards or sheaths. The bill, which required modification of OSHA's Bloodborne Pathogens Standard, also emphasized training, education, and the participation of those workers exposed to sharp hazards.

The House companion bill, H.R. 5178, was adopted by the House on October 3, 2000. The Senate, by unanimous consent, adopted that bill on October 26th.

*[Public Law 106-430, enacted November 6, 2000, H.R. 5178 (S. 3067)]*

## **II. VETOED LEGISLATION**

None.



### **III. BILLS REPORTED FROM THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS, NOT ENACTED INTO LAW IN THE 106TH CONGRESS**

#### **A. Health Care**

##### **PATIENTS' BILL OF RIGHTS ACT**

The Patients' Bill of Rights Act (S. 326) is designed to improve health care quality through better information, improved plan procedures, new rights for consumers, and new Federal investments in health quality research. It seeks to reduce many of the barriers that consumers face in accessing health care services, with provisions addressing: access to emergency services, plan choice, direct access to ob/gyn and pediatric care, continuity of care, and protection of communications between providers and patients. Each of these protections applies to plans covering the 48 million Americans who receive their health coverage from plans that lie outside the regulatory jurisdiction of States.

In addition, the Patients' Bill of Rights Act builds on the existing Federal regulatory framework under ERISA that includes information disclosure requirements and claims and appeals procedures for group health plans covering 124 million Americans. Specifically, the legislation includes enhanced information disclosure requirements and strengthens existing requirements for coverage determinations, grievances, and appeals. It also adds to the statute a new right to an independent, external review of an adverse coverage decision.

The bill also includes a genetic nondiscrimination provision, which would prohibit plans and issuers from requesting certain information, denying coverage, or adjusting rates based on predictive genetic information. This provision applies to all types of group health plans and individual insurance policies, helping as many as 140 million Americans. Finally, the bill fosters overall improvement in health care quality by reauthorizing and renaming the Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality) and refocusing its activities on improving health care quality. The activities of the newly renamed Agency will benefit every American who receives health care services.

The Patients' Bill of Rights Act was introduced on January 28, 1999, by Senators Jeffords, Frist, DeWine, Enzi, Hutchinson, Collins, Brownback, Hagel, Sessions, and Burns. On March 11, 1999, the committee held a hearing on the legislation. On March 17, 1999, a committee markup session was held. Title I of the bill was amended prior to the markup and incorporated into a Chairman's substitute, which was considered by the committee. The amendments contained in the Chairman's mark were primarily technical in nature.

During the markup, 28 amendments were considered. Two amendments were adopted by voice vote and four by roll call vote. These amendments include: a provision addressing costsharing requirements under the prudent layperson standard; a provision designed to improve access to medications; a provision protecting the right of a patient to self-pay for behavioral health services; a provi-

sion addressing access to specialists; a provision creating a study on clinical trials; and a provision clarifying the inclusion of data on rural areas for data collected by the Agency for Healthcare Research and Quality.

On March 18, 1999, the committee ordered the legislation to be reported with an amendment in the nature of a substitute favorably (Committee Report No. 106–82). On July 15, 1999, the Senate incorporated the text of S. 326, as reported by the committee, into S. Amdt. 1232 to S. 1344. The Senate passed the Patients’ Bill of Rights Plus Act (S. 1344) on July 15, 1999, by a vote of 53 to 47. Senate bill 1344, which also includes provisions intended to increase access to health insurance, became the Senate amendment to H.R. 2990 on October 14, 1999. On November 3, 1999, a Conference Committee on H.R. 2990 was appointed. The Conference Committee failed to reach agreement on a Conference Committee report.

#### **ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK AMENDMENTS ACT OF 2000**

The Organ Procurement and Transplantation Network Amendments Act of 2000 amends the Public Health Service Act to require that the Organ Procurement and Transplantation Network: (1) be operated by (currently, be) a private, nonprofit entity; (2) have a policy board elected by Network members (currently, have a board of directors that includes organ procurement organization representatives), with about 50 percent being transplant surgeons and transplant physicians and about 25 percent being transplant candidates, recipients, donors, and their family members; (3) establish medical criteria for allocating organs and for listing and de-listing patients; and (4) establish transplant policies, including allocation policies and policies that affect patient outcomes. The bill sets forth requirements for those policies, including that: (1) the policies be designed to avoid wasting organs and futile transplants; (2) priority rankings be based on standardized medical criteria and ordered according to medical urgency and appropriateness; and (3) disparities in transplantation—resulting from socioeconomic status, race, ethnicity, geographic area or region of residence or transplantation, or being medically underserved—be reduced. The bill also regulates policy adoption procedures. On April 13, 2000, the Committee unanimously approved S. 2366 with an amendment in the nature of a substitute.

#### **PROSTATE CANCER RESEARCH AND PREVENTION ACT**

Senate bill 1243 would amend the Public Health Service Act to: (1) revise the prostate cancer screening preventive health program; and (2) reauthorize National Institutes of Health research on prostate cancer. On November 19, 1999, the committee discharged the legislation by unanimous consent. On November 19, 1999, the measure passed the Senate without amendment by unanimous consent. The measure was not considered by the House of Representatives.

## **B. Education**

### **EDUCATIONAL OPPORTUNITIES ACT**

The Educational Opportunities Act, S. 2, was ordered reported by the committee on March 9, 2000, by a vote of 10 to 8. The full Senate began debate on this legislation in late Spring, but did not complete action prior to the adjournment of the 106th Congress.

The purpose of the Educational Opportunities Act was to reauthorize and improve programs under the Elementary and Secondary Education Act of 1965. The Elementary and Secondary Education Act (ESEA) provides the authority for virtually all Federal support provided for elementary and secondary education. Nearly half of the funds authorized under ESEA are used on behalf of disadvantaged children through the title I program. Other activities supported through ESEA include professional development, literacy, safe and drug-free schools, bilingual education, impact aid, aid to special populations, and technology.

S. 2 objectives included: (1) maintaining and strengthening the title I reform process initiated in 1994 which emphasized the establishment of high standards and aligned assessments designed to measure progress towards those standards; (2) promoting the sustained professional development of teachers and school leaders; (3) assuring that students are provided with a safe and drug-free learning environment; (4) emphasizing the importance of results by insisting that activities and programs supported with federal funds are effective in meeting their objectives; and (5) increasing improving student performance.

### **NATIONAL AND COMMUNITY SERVICE AMENDMENTS ACT OF 2000**

The National and Community Service Amendments Act of 2000, S. 2764, was reported by the committee on July 21, 2000 by a voice vote. The full Senate did not consider this legislation prior to the close of the 106th Congress.

The National and Community Service Amendments Act of 2000 made several changes to the National and Community Service Trust Act of 1990 and 1993. Both the 1990 and 1993 initiatives established greater coordination among many of the federally sponsored community service activities. In addition, these two acts also created new initiatives that expanded community service opportunities.

Provisions contained in S. 2764 were intended to increase participation in volunteer activities. Highlights included: promoting the participation of individuals with disabilities; increasing utilization of the educational awards; and lowering the participation age for individuals involved in several National Senior Service Corps programs.

### **COMMEMORATION OF THE 25TH ANNIVERSARY OF IDEA**

Senate Concurrent Resolution 135 commemorates the 25th anniversary of the November 29, 1975, enactment of Public Law 94-142, the Education of All Handicapped Children Act, renamed the Individuals with Disabilities Education Act (IDEA) during the 1990

reauthorization. The bill reaffirms Congress' commitment to ensuring that all children with disabilities, regardless of the nature or severity of their disabilities, have access to a free, appropriate public education in the least restrictive environment. It acknowledges the many and varied contributions of children with disabilities, their parents, teachers, related services professionals, and school administrators and notes that an estimated 200,000 infants and toddlers, 600,000 preschoolers, and 5,400,000 children ages 6 to 21 years are currently being served under IDEA. The resolution was reported favorably by the committee on September 20, 2000. The House companion resolution, H. Con. Res. 399, was approved by the Senate on October 4, 2000.

#### **IDEA FULL FUNDING ACT OF 2000**

S. 2341, a bill to authorize appropriations for part B of IDEA to achieve full funding for part B by 2010, was introduced on April 4, 2000. The amendment proposed to establish a 10-year schedule of authorizations to be appropriated intended to reach the Federal Government's goal under part B of IDEA of providing 40 percent of the national APPE to assist States and local education agencies with the excess costs of educating children with disabilities. The bill was reported favorably by the committee without amendment on September 20, 2000, but it was not considered by the full Senate.

#### **DEPARTMENT OF EDUCATION AUDIT**

The committee reported legislation, S. 2829, that would provide for an investigation and audit of the Department of Education. The legislation would require the Comptroller General to conduct a fraud audit of selected accounts at the Department of Education determined to be particularly susceptible to waste, fraud, and abuse; and submit a report setting forth the results of the audit to the appropriate committees of Congress.

#### **C. Labor**

##### **THE SAFETY ADVANCEMENT FOR EMPLOYEES ACT**

On February 6, 1999, S. 385, the Safety Advancement for Employees (SAFE) Act of 1999 was introduced. This legislation reaffirmed the committee's commitment to the concept that workplace safety and health would benefit from increased cooperation between employers, employees, and the Occupational Safety and Health Administration (OSHA). S. 385 promoted the use of third-party audits, encouraging employers to hire consultants to conduct safety inspections, without fear of incurring OSHA liability as result of that voluntary safety inspection. Hearings on the SAFE Act were held on March 4, and April 13, 1999 before the Subcommittee on Employment, Safety, and Training of the Senate Committee on Health, Education, Labor, and Pensions. The HELP Committee, on April 29, 1999, voted to report S. 385 favorably on a vote of 10 to 8, but it was not considered by the full Senate.

### **SMALL MINE ADVOCACY REVIEW PANEL ACT**

S. 1114, the “Small Mine Advocacy Review Panel Act” was introduced in the Senate on May 25, 1999, and referred to the HELP Committee. The bill sought to amend the 1980 Regulatory Flexibility Act (RFA) to include the Mine Safety and Health Administration (MSHA) in the list of agencies required to convene a panel to obtain advice and recommendations on the potential impacts of proposed rules on small entities. The RFA requires all Federal agencies to consider small businesses during rule making where an agency determines that a rule will have a “significant economic impact on a substantial number of small businesses.” In 1996, the RFA was amended to require the establishment of small business advocacy review panels for significant rules being proposed by EPA and OSHA. S. 1114 would extend this requirement to MSHA.

The Senate Subcommittee on Employment, Safety, and Training held a hearing on the Small Mine Advocacy Review Panel Act. On November 3, 1999, the full committee voted, 11 to 7, to report the bill favorably, but it was not considered by the full Senate.

## **IV. OTHER BILLS UNDER THE JURISDICTION OF THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS, CONSIDERED BY THE SENATE IN THE 106TH CONGRESS**

### **A. Health Care**

#### **PATIENT SAFETY AND ERRORS REDUCTION ACT**

The Patient Safety and Errors Reduction Act, S. 2738, was introduced in response to the Institute of Medicine’s November, 1999, report on medical errors. The legislation would establish a Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality to provide national leadership in patient safety research and knowledge dissemination. It would also provide for confidentiality protections for information submitted to reporting systems designed for quality improvement and patient safety and would provide a structure to support and encourage the ongoing public and private medical error reduction initiatives. On June 29, 2000, the Senate adopted the measure as a part of amendment number 3694 to H.R. 4577, the Labor/Health and Human Services/Appropriations bill. It was subsequently removed by the Conference Committee.

#### **GENETIC INFORMATION NONDISCRIMINATION IN HEALTH INSURANCE ACT OF 1999**

The Genetic Information Nondiscrimination in Health Insurance Act of 1999, S. 543, amends the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code to prohibit a health care plan or health insurance issuer from restricting enrollment or adjusting premium or contribution amounts for a group on the basis of predictive genetic information concerning an individual in the group or a family member of the individual (including information about a request for, or receipt of, genetic services).

The legislation also prohibits a plan or issuer from requesting or requiring predictive genetic information concerning an individual or a family member of the individual (including information about a request for, or receipt of, genetic services). The proposal permits a plan or issuer to request, but not require, such information for diagnosis, treatment, or payment purposes only; and it sets forth confidentiality provisions. On June 29, 2000, the Senate adopted the measure as amendment number 3691 to H.R. 4577, the Labor/Health and Human Services/ Appropriations bill. It was subsequently removed by the Conference Committee.

## **V. LIST OF PUBLIC LAWS OF THE 106TH CONGRESS FROM THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS**

P.L. 106–3 *[enacted Mar. 23, 1999]*, to deem as timely filed, and process for payment, the applications submitted by the Dodson School Districts for certain Impact Aid payments for fiscal year 1999. (S. 447).

P.L. 106–25 *[enacted Apr. 29, 1999]*, to provide for education flexibility partnerships. (H.R. 800/S. 280).

P.L. 106–129 *[enacted Dec. 6, 1999]*, Healthcare Research and Quality Act of 1999. (S. 580/H.R. 2506).

P.L. 106–151 *[enacted Dec. 9, 1999]*, to amend the Fair Labor Standards Act of 1938. (H.R. 1693).

P.L. 106–174 *[enacted Feb. 25, 2000]*, to provide assistance for poison prevention and to stabilize the funding of regional poison control centers. (S. 632).

P.L. 106–202 *[enacted May 18, 2000]*, to amend the Fair Labor Standards Act of 1938. (S. 2323).

P.L. 106–244 *[enacted July 10, 2000]*, to amend the Employee Retirement Income Security Act of 1974. (S. 1309).

P.L. 106–245 *[enacted July 10, 2000]*, to amend the Radiation Exposure Compensation Act. (S. 1515).

P.L. 106–310 *[enacted Oct. 17, 2000]*, Children’s Health Act of 2000. (H.R. 4365).

P.L. 106–345 *[enacted Oct. 20, 2000]*, to revise and extend the Ryan White CARE Act. (S. 2311/H.R. 4807).

P.L. 106–387 *[enacted Oct. 28, 2000]*, Agriculture Appropriations Bill for Fiscal Year 2001. (H.R. 4461).

P.L. 106–398 *[enacted Oct. 30, 2000]*, Floyd D. Spence National Defense Authorization Act of Fiscal Year 2001. (H.R. 5408).

P.L. 106–402 *[enacted Oct. 30, 2000]*, to improve service systems for individuals with developmental disabilities, and for other purposes. (S. 1809/H.R. 4920).

P.L. 106–430 *[enacted Nov. 6, 2000]*, Occupational Safety and Health Act of 1970. (H.R. 5178).

P.L. 106–501 *[enacted Nov. 13, 2000]*, to amend the Older Americans Act of 1965. (H.R. 782/S. 1536).

P.L. 106–505 *[enacted Nov. 13, 2000]*, Public Health Improvement Act. (H.R. 2498).

P.L. 106–525 *[enacted Nov. 22, 2000]*, to amend the Public Health Service Act. (S. 1880/H.R. 3250).

P.L. 106–545 *[enacted Dec. 19, 2000]*, to establish, wherever feasible, guidelines, recommendations, and regulations that promote the regulatory acceptance of new and revised toxicological tests that protect human and animal health and the environment while reducing, refining, or replacing animal tests and ensuring human safety and product effectiveness. (H.R. 4281/S. 1495).

P.L. 106–551 *[enacted Dec. 20, 2000]*, to amend the Public Health Service Act. (H.R. 3514/S. 2725).

P.L. 106–554 *[enacted Dec. 21, 2000]*, Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill for Fiscal Year 2001. (H.R. 4577).

P.L. 106–580 *[enacted Dec. 29, 2000]*, to amend the Public Health Service Act. (H.R. 1795/S. 1110).

## VI. LIST OF FULL COMMITTEE HEARINGS OF THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Group Health Plan Comparative Information and Coverage Determination Standards. *(January 20, 1999)*

Improving Education Opportunities: Senators' Perspective. *(January 26, 1999)*

Department of Education Elementary and Secondary Education Proposals. *(February 9, 1999)*

Education Budget Proposals. *(February 11, 1999)*

Education Reform Governors' Views. *(February 23, 1999)*

Privacy Under a Microscope: Balancing the Needs of Research and Confidentiality. *(February 24, 1999)*

Medical Necessity: From Theory to Practice. *(March 2, 1999)*

Key Patients' Protections: Lessons from the Field. *(March 11, 1999)*

Educating the Disadvantaged. *(March 16, 1999)*

What Works: Education Research. *(April 14, 1999)*

Education Technology. *(April 22, 1999)*

Medical Records Confidentiality in a Changing Health Care Environment. *(April 27, 1999)*

Retention and Social Promotion. *(April 29, 1999)*

School Safety. *(May 6, 1999)*

ESEA: Title I: Evaluation & Reform. *(May 12, 1999)*

Nomination of Richard McGahey, to be Assistant Secretary of Labor. *(May 13, 1999)*

ESEA: Educating the Forgotten Half. *(May 18, 1999)*

ESEA: From Tales to Tape. *(May 20, 1999)*

Reauthorization for the National Endowment of the Arts and Humanities. *(May 27, 1999)*

ESEA: Special Populations. *(June 10, 1999)*

Professional Development in ESEA. *(June 22, 1999)*

ESEA: Title VI and Class Size Reduction. *(June 23, 1999)*

ESEA: Arts Education and Magnet Schools. *(June 29, 1999)*

School Facilities. *(June 30, 1999)*

ESEA: Drug Free Schools. *(July 7, 1999)*

ESEA: Improving Uses of Funds. *(July 20, 1999)*

Innovations in Child Care. *(July 27, 1999)*

Education Readiness. *(September 14, 1999)*

Hybrid Pension Plans. *(September 21, 1999)*

Pain Management and Improving End-Of-Life Care. *(October 13, 1999)*

FDA Modernization Act: Implementation of the Law. *(October 21, 1999)*

Medical Errors: A Look at the IOM Report. *(January 26, 2000)*

Medical Errors: Understanding Adverse Drug Events. *(February 1, 2000)*

Medical Errors: Administration Response and Other Perspectives. *(Feb. 22, 2000)*

Reauthorization of the Ryan White Care Act. *(March 2, 2000)*

E-Drugs: Who Regulates Internet Pharmacies?. *(March 21, 2000)*

Protecting Pension Assets. *(April 13, 2000)*

Proposed Rule on the Privacy of Individually Identifiable Health Information. *(April 26, 2000)*

Mental Health Parity Act. *(May 18, 2000)*

Gender-Based Wage Discrimination. *(June 8, 2000)*

Drug Safety and Pricing. *(June 13, 2000)*

Overview of Federal Service Programs. *(June 20, 2000)*

Reprocessing of Single-Use Medical Devices. *(June 27, 2000)*

National Science Foundation: Exploring the Endless Frontier. *(July 12, 2000)*

Prescription Drug Costs: What Drives Increases. *(July 18, 2000)*

Genetic Information in the Workplace. *(July 20, 2000)*

Public Safety Employer-Employee Cooperation Act of 1999. *(July 25, 2000)*

Americans With Disabilities Act (ADA): Opening the Doors to the Workplace. *(July 26, 2000)*

The Future of Food: Biotechnology and Consumer Confidence. *(September 26, 2000)*

Impact of Higher Energy Prices on the Poor. *(October 3, 2000)*

Health Care Coverage: 45 Million Uninsured and Counting. *(October 4, 2000)*

## FULL COMMITTEE FIELD HEARINGS IN THE 106TH CONGRESS

Medical Records Privacy. *March 15, 1999*. Berlin, VT.  
 Reauthorization of the Elementary and Secondary Education Act. *April 7, 1999*. Winooski, VT.  
 Reauthorization of the Elementary and Secondary Education Act: A Focus on Professional Development. *April 19, 1999*. Montpelier, VT.  
 Reauthorization of the ESEA: Innovative Programs. *May 10, 1999*. Bennington, VT.  
 Medical Errors: Federal and State Reforms. *February 16, 2000*. Montpelier, VT.  
 Department of Energy Employee Compensation Plan. *May 15, 2000*. Columbus, OH.  
 Ensuring Access to Affordable Health Care. *MAY 31, 2000*. Montpelier, VT.

## JOINT HEARING IN THE 106TH CONGRESS

Federal Educational Research and Evaluation Efforts. *June 17, 1999*. (With House Committee on Education and the Workforce.)

## VII. ANTICIPATED ACTIVITIES FOR 107TH CONGRESS

## A. Health Care

The following is a summary of legislation and reauthorization proposals that the committee will consider during the 107th Congress:

**MEDICAL ERRORS.**—Last year, the Institute of Medicine (IOM) released a report that examines the frequency and cause of unintentional deaths in our health care system. The committee will examine ways to reduce medical errors, including voluntary reporting systems and the creation of a national patient safety center to develop new tools and systems needed to address persistent problems.

**HEALTH INSURANCE COVERAGE.**—Today, there are 43 million Americans with no health insurance and for the third year in a row, employers and their employees are facing significant increases in health insurance premiums. The committee will examine legislation that address the gaps in coverage in the existing public-private health care structure.

**SAFETY NET PROVIDERS.**—The committee intends to reauthorize two key safety net programs under the jurisdiction of the committee—the Consolidated Health Centers Act, which includes Community Health Centers, and the National Health Service Corps.

**MEDICAL RECORDS CONFIDENTIALITY.**—The committee will hold oversight hearings on the Administration's final rule on the privacy of individually identifiable health information. The information collected from these hearings will enable the committee to make a determination as to whether additional legislation in this area is needed.

**PATIENTS' BILL OF RIGHTS.**—The committee will hold oversight hearings on recent regulations dealing with the disclosure of health plan information and claim determinations. The committee will also examine patient protection legislation which addresses those issues that have broad consensus.

**MENTAL HEALTH PARITY.**—The committee will hold oversight hearings relating to the reauthorization of the Mental Health Parity Act of 1996.



**GENETIC DISCRIMINATION.**—The committee will examine legislation to prohibit a health care plan or health insurance issuer from restricting enrollment or adjusting premium amounts on the basis of predictive genetic information.

**FOOD AND DRUG ADMINISTRATION.**—The committee will continue its oversight of FDA's implementation of the Food and Drug Administration Act of 1997 and other general oversight activities with regard to FDA, including the adequacy of the agency's current procedures with regard to food imports.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA).**—The committee will continue its oversight of the implementation of HIPAA.

**HEALTH CARE STAFFING.**—The committee will hold oversight hearings on issues relating to health care staffing shortages.

### **B. Disability**

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA).**—The committee is expected to continue its efforts to bring the federal funding for Part B of IDEA up to the level that Congress pledged in the original passage of P.L. 94-142 in 1975. That level was 40 percent of the national average per pupil expenditure (APPE) for each child with a disability being educated by our Nation's schools. Over the years, the Federal appropriations have ranged from 7 percent to 12.5 percent of the APPE., less than one third of that 40 percent commitment.

The committee will likely conduct oversight of IDEA. This act authorizes funds to assist the States in assuring that each child with a disability receives a free, appropriate public education. Components of the act include the Office of Special Education Programs; the State grant program for students with disabilities; the grant program for infants and toddlers with disabilities; the preschool grant program for children with disabilities; the State Improvement Grant Program; programs for personnel training and research; and discretionary grant programs.

**TECHNOLOGY FOR ALL AMERICANS.**—The committee will examine the central role that technology can play in all Americans' lives, particularly individuals with disabilities. Legislation may be considered that would increase research and development on accessible and assistive technologies, including universal design technology, and promote broader public access through public libraries, including those in public elementary and secondary schools.

### **C. Education**

**ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA).**—The primary education focus of the committee during the 107th Congress will be the reauthorization of the Elementary and Secondary Education Act (ESEA). This act authorizes Federal initiatives providing assistance for elementary and secondary education. The larger programs included under ESEA are: the title I program which supports educational activities for disadvantaged students; the Eisenhower professional development program; and Safe and Drug-Free Schools and Communities.

Reauthorization debate will center on several issues: (1) the respective roles of local, State, and the Federal Governments in elementary and secondary education; (2) measures by which the quality of the teaching force can be improved; (3) means by which Federal elementary and secondary education programs can be streamlined or consolidated; (4) providing greater accountability mechanisms designed to improve student and school performance; and (5) increasing flexibility in the implementation of programs which result in enhancing overall student achievement.

In addition to the reauthorization of the Elementary and Secondary Education Act, the committee may also consider the following reauthorization initiatives:

**OFFICE OF EDUCATIONAL RESEARCH AND IMPROVEMENT (OERI)**—This act reauthorizes Federal education research programs. Entities authorized under the act include the Office of Educational Research and Improvement; the National Center for Education Statistics; the National Education Library; and the Education Resources Information Clearinghouse (ERIC). The committee will give particular attention to identifying means by which timely and relevant research findings can be made available to practitioners and policy makers.

**NATIONAL ASSESSMENT OF EDUCATIONAL PROGRESS (NAEP)**—NAEP offers subject-by-subject reports on the status of students and trends in student learning over time. It is the only national measure pertaining to student performance.

**NATIONAL AND COMMUNITY SERVICE ACT**—This act authorizes the administration of national and community service programs and the authorization for Federal domestic volunteer service programs, administered by the ACTION Agency (VISTA, Foster Grandparents, Senior Companions).

**NATIONAL FOUNDATION FOR THE ARTS AND HUMANITIES ACT**—This act authorizes the National Endowment for the Arts (NEA), the National Endowment for the Humanities (NEH), and the Institute for Museum and Library Services (IMLS).

#### **D. Children and Families**

**CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**—The Child Abuse Prevention and Treatment Act is scheduled to be reauthorized in FY2001. This Act governs the identification, investigation, and treatment of child abuse and neglect. CAPTA is a State grant program that funds a variety of state-defined initiatives to improve the initial response to allegations of child abuse and neglect. CAPTA will need to be further coordinated with the changes in federal foster care and adoption programs passed in the 105th and 106th Congress, particularly the Adoption and Safe Families Act of 1997 (P.L. 105-89) and the John Chafee Foster Care Independence Act of 1999 (P.L. 106-169).

The Child Abuse Prevention and Treatment Act legislation also includes several other children and families programs which will require reauthorization in Fiscal Year 2001. The Community-Based Family Resources and Support Grants fund family resource centers, state trust, and other local initiatives designed to reduce child maltreatment. The Adoption Opportunities Act funds State efforts to increase the number of children placed in adoptive homes. The

Abandoned Infants Assistance Act helps States provide services for children who are abandoned by their parents at or shortly after birth. The committee will be reviewing the effectiveness of each of these programs to determine if substantive changes need to be made to improve the legislation.

The Family Violence Prevention and Services Act has historically been part of the CAPTA reauthorization. In 2000, the authorization for the legislation was extended, with several changes, as part of the Violence Against Women Act reauthorization (P.L. 106–386). The committee will be monitoring the implementation of the legislation and reviewing the changes made in 2000 to identify any additional changes which need to be made to improve the program.

**CHILD CARE AND DEVELOPMENT BLOCK GRANT.**—The Child Care and Development Block Grant (CCDBG) is scheduled to be reauthorized in Fiscal Year 2002, as part of the reauthorization of the Personal Responsibility and Work Opportunities Act (P.L. 104–193). The CCDBG authorizes the State requirements for the expenditure of both CCDBG and child care subsidies and services under the Temporary Assistance to Needy Families (TANF) Act. The committee will be focusing particular interest on how states are dividing subsidies between low-income working families and families who qualify for child care entitlement funds under TANF, the amount of individual subsidies in comparison to prevailing market rates and whether the subsidies severely limit parental choice of child care providers, and whether increased funding levels for CCDBG are sufficient to meet the demand for child care assistance as demonstrated by existing waiting lists, State maximum incomes to qualify for CCDBG subsidies and other relevant factors. The committee also will be exploring ways in which CCDBG can be modified to address the workforce needs of the child care system, the State enforcement of child care licensing standards in and other efforts to improve the quality of child care.

Increasing the supply of quality care for school-aged youth in the non-school hours and days is another area of committee interest. Federal support for school-aged care is primarily carried out through the Child Care and Development Block Grant and the 21st Century Community Learning Centers Program. The committee will be reviewing these programs, as well as new initiatives to ensure that they are effectively meeting the needs of school-aged youth and their families.

### **E. Labor**

**GENETIC DISCRIMINATION.**—The committee will continue to explore the issue of genetic information and the workplace and will seek to develop legislation that will ensure that employees are protected against workplace discrimination based on their genetic makeup.

### **F. Pensions**

**HYBRID PENSION PLANS.**—During the 106th Congress, a relatively new type of retirement vehicle, “hybrid” pension plans, became the focus of public scrutiny and Congressional oversight. “Hybrid” refers to the fact that these defined benefit plans make use

of individual account balances that can be reported to plan participants like 401(k) accounts. Concerns were expressed about conversions from traditional defined benefit plans to a particular type of hybrid plan, "cash balance plans." Concerns included the "wear away" of pension benefits (a temporary freeze of benefits) for certain participants as a consequence of a conversion, the adequacy of notification provided to employees, and whether cash balance plans are age discriminatory. The committee will continue its oversight activity with respect to these plans.

#### COMMITTEE PRINTING

The committee printed a total of 101 copies of hearings and committee prints during the 106th Congress. These encompassed 14,850 volumes, and consisted of 2,371,290 pages. The committee also bound 15 volumes of executive meetings of the 106th Congress for its permanent record. The committee also has on Micro Fiche the legislative hearings, bills, and public laws.

## **APPENDIX**

### **I. REPORTS OF THE SUBCOMMITTEES, COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS AGING**

#### **Subcommittee on Aging**

#### **Mike DeWine, Chairman**

The Subcommittee on Aging, chaired by Senator Mike DeWine, has legislative jurisdiction over the Older Americans Act of 1965. During the 106th Congress, the focus of the subcommittee was principally upon the reauthorization of the Act, which had not been renewed for several years. The Older Americans Act Amendments of 2000 were signed into law on November 13, 2000.

#### **HEARINGS AND BRIEFINGS**

The subcommittee held 6 hearings on aspects of the Older Americans Act during the 106th Congress. The Older Americans Act hearings were as follows: "Oversight and Review" (March 3, 1999), "Elder Abuse" (March 23, 1999), "Supportive Services" (April 30, 1999), "State and Local Views" (Cleveland, OH; May 17, 1999), "Title V: Longevity in the Workplace" (May 27, 1999), and "A Long Tenn Caregiver Program" (June 22, 1999).

#### **ANTICIPATED ACTIVITIES FOR THE 107TH CONGRESS**

Priorities for the Aging Subcommittee include oversight of the Older Americans Act and Family Caregiver programs, as well as continued focus on aging issues, such as the impact of Baby Boomer retirees on the health care delivery system, caring for the elderly, access to longterm care, adult day care and other community-based options, seniors' access to new medical technologies, and disease prevention and management for seniors.

## CHILDREN AND FAMILIES

### Subcommittee on Children and Families

#### Judd Gregg, Chairman

The Subcommittee on Children and Families, chaired by Senator Judd Gregg, has jurisdiction over a variety of Federal programs related to children and families. During the 106th Congress, the subcommittee conducted 3 hearings on issues relating to children and families. The subcommittee was particularly interested in facilitating a discussion on the critical issues surrounding the care and education of children with special emphasis on (1) maximizing parental choice while recognizing the diverse child care needs of children and families, (2) maintaining local control over the design and implementation of successful early learning programs, and (3) improving the coordination, quality, and accountability of such programs. No programs within the subcommittee's jurisdiction expired during the 106th Congress.

#### HEARINGS CONDUCTED BY THE SUBCOMMITTEE

*"The Family and Medical Leave Act: Present Impact and Possible Next Steps"*—July 14, 1999. Examined the status of the implementation of the Family and Medical Leave Act and its impact on both employees and employers. Also considered possible next steps including proposals for FMLA expansion and paid leave options. Witnesses included John Fraser, Deputy Administrator of the U.S. Department of Labor's Wage and Hour Division; Edward F. Harold, a labor law expert with the firm of McCalla, Thompson, Pyburn, Hymowitz and Shapiro, New Orleans, LA; Deanna Gelak, Director of Government Affairs of the Society for Human Resource Management, on behalf of the Family and Medical Leave Act Corrections Coalition; Kimberly Hostetler, with the Connecticut Hospital Association; Ellen Bravo, co-director of 9 to 5; and Eric Oxfeld, President of UWC—Strategic Services on Unemployment and Workers Compensation.

*"Keeping Children and Families Safe from Internet Predators"*—March 28, 2000. Hearing examined how the Internet is being used by "cyberpredators" to target young children and families. Witnesses included Tim Remsburg, Nashua, NH; Teresa and Dianna Strickland, Opelika, AL; Kenneth Neu, F.B.I. Assistant Section Chief, Violent Crimes Major Offenders Section; William Hagmaier, F.B.I., Unit Chief, Child Abduction Serial Murder Investigative Resources Center; Donna Rice Hughes, Mary Anne Layden, University of Pennsylvania; Ernie Allen, President and CEO, National Center for Missing and Exploited Children; and John Ryan, America On Line.

*"Early Childhood Programs for Low-Income Families: Availability and Impact"*—April 11, 2000. Hearing examined Federal, State, local and private-sector involvement in early childhood programs, primarily for children ages 3 to 5. In particular, the hearing examined the accessibility of these programs to lower income families and how States are coordinating funding and for these programs. Finally, the hearing sought to ascertain what we know

about such programs impact on school readiness. Witnesses included Mamie Shaul, Associate Director, Education, Workforce, and Income Security Issues, U.S. General Accounting Office; Douglas Besharov, Resident Scholar, American Enterprise Institute; and Elaine Zimmerman, Executive Director, Connecticut Commission on Children.

#### **ANTICIPATED ACTIVITIES FOR THE 107TH CONGRESS**

The subcommittee's top legislative priority includes the reauthorization of the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Adoption Opportunities Act, Community-Based Family Resource and Support Grants, and the Abandoned Infants Assistance Act. The subcommittee intends to conduct several oversight hearings on these programs as the committee prepares for the FY 2001 reauthorization.

The subcommittee is also planning hearings which may include the following: (1) *An Examination of Child Protection and Its Emerging Issues*; (2) *Responding to the Needs of Abandoned Infants*; (3) *Investigating Child Abuse: Are We Harming Children and Families in the Name of Child Protection*; and (4) *Teen Pregnancy Prevention Programs: What's Working and What's Not*.

## **EMPLOYMENT, SAFETY AND TRAINING**

### **Subcommittee on Employment, Safety, and Training**

#### **Michael B. Enzi, Chairman**

The Subcommittee on Employment, Safety, and Training, chaired by Senator Mike Enzi, has jurisdiction over a wide variety of Federal programs related to employment policy, workplace safety and health, and workforce training. The focus of the subcommittee was to conduct oversight of agency activities, identify provisions of existing law that no longer meet the needs of the modern workforce and review any recently enacted modifications to existing statutes.

Throughout the 106th Congress, the Subcommittee held a series of hearings on Federal regulation of workplace safety and health by the Occupational Safety and Health Administration (OSHA). The subcommittee held an oversight hearing on the Workforce Investment Act, and hearings on several pieces of proposed legislation, discussed below. The subcommittee also held hearings examining the ergonomics standard proposed by OSHA in November 1999.

#### **LEGISLATION CONSIDERED BY THE SUBCOMMITTEE**

The subcommittee considered the following legislation during the 106th Congress:

The Safety Advancement for Employees Act (the SAFE Act), S. 385, a bill introduced by Senator Enzi to reduce the rate of worker injuries and illness by modernizing the administration of OSHA. The bill would focus the agency on compliance activities that prevent injuries versus enforcement of fines and penalties that are efforts expended only after an injury has occurred. Two hearings were held on March 4, 1999 and April 13, 1999. The bill was marked up and reported out of committee on April 29, 1999 and placed on the Senate calendar. The bill was not considered by the full Senate for a vote.

The Small Mine Advocacy Review Panel Act, S. 1114, a bill introduced by Senator Enzi and Senator Bingaman to amend the Federal Mine Safety and Health Act of 1977 to apply data gathering procedures used in rulemaking for small businesses to small miners. The bill seeks to establish a more cooperative and effective method for rulemaking that takes into account the special needs and concerns of smaller miners. A hearing was held on May 26, 1999, and the bill was reported out of committee and placed on the Senate calendar on January 7, 2000. The bill was not considered by the full Senate for a vote.

The Fair Access to Indemnity and Reimbursement Act (the FAIR Act), S. 1158, a bill introduced by Senator Hutchinson to amend the National Labor Relations Act (NLRA) and the Occupational Safety and Health Act (OSHA) to allow the recovery of attorney's fees and costs by certain employers and labor organizations who are prevailing parties in administrative proceedings brought against them by the National Labor Relations Board (NLRB) or before the Occupational Safety and Health Review Commission (OSHRC) or in court proceedings brought by or against the NLRB or OSHRC. The Act requires that employers or labor organizations



have not more than 100 employees and a net worth of not more than \$7 million at the time of such proceedings in order to be eligible for recovery. A hearing was held on July 29, 1999. The bill was not reported out of committee.

#### HEARINGS CONDUCTED BY THE SUBCOMMITTEE

The New SAFE Act: Using Third-Party Consultations and Encouraging Safety Programs to Make Workers Safer. March 4, 1999

The SAFE Act. April 13, 1999

Increasing MSHA and Small Mine Cooperation. May 26, 1999

The Workforce Investment Act: Job Training. July 1, 1999

The FAIR Act: Balancing the Scale of Justice for Small Business. July 29, 1999

The Ergonomics Rule: OSHA's Interference with State Workers' Compensation. April 27, 2000.

Compensation Plan for Department of Energy Workers. May 15, 2000 (Field Hearing in Ohio)

Project Labor Agreements Examined. June 5, 2000 (Field Hearing in California) Ergonomics and Healthcare. July 13, 2000

#### ANTICIPATED ACTIVITIES FOR THE 107TH CONGRESS

The subcommittee's legislative priorities include oversight and, potentially, a technical amendments bill to the Workforce Investment Act, an in depth examination of the Mine Safety and Health Act, oversight of the National Labor Relations Board, oversight of the OSHA rulemaking process and the public's role in that process and follow up activities on the matters considered by the subcommittee in the 106th Congress.

## PUBLIC HEALTH

### Subcommittee on Public Health

#### Bill Frist, M.D., Chairman

The Subcommittee on Public Health has authorizing jurisdiction and oversight of Federal health programs in the Public Health Service Act. These include the National Institutes of Health, Centers for Disease Control and Prevention, National Organ Transplant Act, National Marrow Donor Program, Agency for Healthcare Research and Quality, Substance Abuse and Mental Health Services Administration, the Ryan White AIDS Act, community health centers and health professions education programs.

#### LEGISLATION CONSIDERED BY THE SUBCOMMITTEE

As chairman of the subcommittee, Senator Frist introduced legislation to reauthorize the Agency for Health Care Policy and Research (S. 580), the National Organ Transplant Act (S. 2366), the Substance Abuse and Mental Health Administration (S. 976) and prostate cancer programs at the Centers for Disease Control and Prevention and National Institutes of Health (S. 1243). Senator Frist also led the subcommittee in considering and passing, the Children's Health Act of 2000 (S. 2868); the Public Health Improvement Act of 2000 (H.R. 2498), which was compiled of nine public health bills authored by Senators Frist, Jeffords and Kennedy, including the Public Health Threats and Emergencies Act (S. 2731); and the Minority Health and Health Disparities Research and Education Act of 2000 (S. 1880).

The subcommittee considered the following legislation during the 106th Congress:

The Children's Health Act of 2000 (S. 2868) amends the Public Health Service Act to revise, extend, and establish programs with respect to children's health research, health promotion and disease prevention activities conducted through Federal public health agencies. It addresses issues affecting children's health, focusing on four critical areas: injury prevention, maternal and infant health, pediatric public health promotion, and pediatric research. Companion legislation, H.R. 4365, was introduced in the House of Representatives by Mr. Bilirakis on May 3, 2000. S. 2868 was introduced by Senators Frist, Jeffords, Kennedy and others on July 13, 2000, and included in an amended version of H.R. 4365 which was passed by the Senate by unanimous consent on September 22, 2000. On September 27, 2000, the House passed H.R. 4365 as amended and cleared the bill for the White House. H.R. 4365 was signed into law on October 17, 2000 (P.L. 106-310).

The Children's Day Care Health and Safety Improvement Act (S. 2236) improves the health and safety of children in child care health settings through enhanced provider training and education, the provision of health consultants to share advice to child care providers, the rehabilitation of facilities to meet health and safety standards, and better information to assist parents in choosing a safe and healthy day care setting. S. 2236 was introduced on March 9, 2000, by Senators Frist and Dodd. S. 2236 was included

in an amended version of H.R. 4365 which was passed by the Senate by unanimous consent on September 22, 2000. On September 27, 2000, the House passed H.R. 4365 as amended and cleared the bill for the White House. H.R. 4365 was signed into law on October 17, 2000 (P.L. 106-310).

The Youth Drug and Mental Health Services Act (S. 976) addresses the increase in youth drug abuse by reauthorizing the Substance Abuse and Mental Health Services Administration which administers block grants to States for community-based substance abuse prevention and treatment programs and mental health services. S. 976 was introduced by Senators Frist, Kennedy, Jeffords, and others on May 6, 1999, and reported by the Committee on Health Education Labor and Pensions to the full Senate with an amendment in the nature of a substitute on October 19, 1999. It was passed by Unanimous Consent on November 3, 1999, and was included in an amended version of H.R. 4365 which was passed by the Senate by unanimous consent on September 22, 2000. On September 27, 2000, the House passed H.R. 4365 as amended and cleared the bill for the White House. H.R. 4365 was signed into law on October 17, 2000 (P.L. 106-310).

The Public Health Improvement Act of 2000 (H.R. 2498) is a compilation of bills authored by Senators Frist, Jeffords, Kennedy and others, which amend the Public Health Service Act and had been previously passed by the Senate, House of Representatives or the Senate Health, Education, Labor and Pensions Committee during the 106th Congress. The bill contained the Public Health Threats and Emergencies Act of 2000 (S. 2731); the Clinical Research Enhancement Act of 1999 (S. 1813); the Twenty-First Century Research Laboratories Act (S. 1268); the Cardiac Arrest Survival Act (S. 1488); the Rural Access to Emergency Devices Act (S. 2528); the Lupus Research Act (S. 1163); the Prostate Cancer Research and Protection Act (S. 1243); the Organ Procurement Organization Certification Act (S. 2625); a resolution to designate November 23, 2000, Thanksgiving Day, as a day to "Give Thanks, Give Life" and to discuss organ and tissue donation with other family members (S. Res. 225); and new provisions to address Alzheimer's disease and to develop treatment for sexually transmitted diseases through NIH research. On October 26, 2000, the Public Health Improvement Act (H.R. 2498) passed the Senate by unanimous consent with an amendment in the nature of a substitute. On October 27, 2000, the House passed H.R. 2498 under suspension of the rules on and cleared it for the White House. H.R. 2498 was signed into law on November 13, 2000 (P.L. 106-505).

The Public Health Threats and Emergencies Act (S. 2731) strengthens the nation's capacity to detect and respond to serious public health threats including antimicrobial resistance and bioterrorist attacks through programs and grants that improve core capacities of national, State, and local public health agencies; enhances our ability to detect and control the spread of disease-causing microbes that are resistant to antibiotics; and upgrades national preparedness for the medical consequences of bioterrorist attacks. S. 2731 was introduced by Senators Frist and Kennedy on June 14, 2000. It was ordered to be reported by the Committee on Health, Education, Labor, and Pensions with an amendment favor-

ably on September 20, 2000. S. 2731 was included in the Public Health Improvement Act (H.R. 2498) which on October 26, 2000 passed the Senate by unanimous consent with an amendment in the nature of a substitute. On October 27, 2000, the House passed H.R. 2498 under suspension of the rules on and cleared for the White House. H.R. 2498 was signed into law on November 13, 2000 (P.L. 106–505).

The Minority Health and Health Disparities Research and Education Act of 2000 (S. 1880) focuses attention and research to combat disparities in health care outcomes, including lower access and higher disease rates, in rural, urban, and minority underserved populations. The bill was introduced by Senator Kennedy and others on November 18, 1999, and was discharged by unanimous consent by the Committee on Health, Education, Labor and Pensions on October 26, 2000. The bill subsequently passed the Senate by unanimous consent on October 26 with an amendment in the nature of a complete substitute proposed by Senator Frist. On October 31, 2000, the House passed S. 1880 by a voice vote under suspension of the rules and cleared the bill for White House approval. S. 1880 was signed into law on November 22, 2000 (P.L. 106–525).

The Healthcare Research and Quality Act of 1999 (S. 580) revises and extends the Agency for Healthcare Policy and Research. The bill was introduced by Senators Frist, Kennedy and others on March 10, 1999, and was discharged by unanimous consent by the Committee on Health, Education, Labor, and Pensions on November 3, 1999. It subsequently passed the Senate by unanimous consent with an amendment in the nature of a substitute. On November 18, 1999, the House passed S. 580 unanimously and cleared the bill for White House approval. S. 580 was signed into law on December 6, 1999 (P.L. 106–129).

The Organ Procurement and Transplantation Network Act of 2000 (S. 2366) reauthorizes the National Organ Transplant Act. S. 2366 re-establishes the Organ Procurement and Transplantation Network (OPTN) as a private network and clarifies the responsibilities of the Secretary of Health and Human Services (HHS), the OPTN Policy Board, and the Network Administrator, the private contractor administering the Network, to ensure the development of organ transplant policies by medical experts while allowing for appropriate federal oversight of the organ system. S. 2366 provides key principles to guide organ transplant and allocation policies, defines a clear dispute resolution process for the OPTN Board and the Secretary of HHS to achieve enforceable policies, and increases organ donation and research activities. S. 2366 was introduced by Senator Frist on April 5, 2000, and was passed unanimously with an amendment in the nature of a substitute by the Senate Health, Education, Labor, and Pensions Committee on April 12, 2000.

#### HEARINGS CONDUCTED BY THE SUBCOMMITTEE

During the course of the 106th Congress, the subcommittee conducted seven hearings on a variety of public health issues such as disparities in health care access and outcomes as well as threats to children's health. Of particular interest to the subcommittee were the concerns surrounding Federal oversight of clinical trials involving human subjects as well as the U.S. response to the grow-

ing threats posed by antimicrobial resistance and bioterrorism. The subcommittee also investigated issues surrounding the consolidated health centers program and National Health Service Corps, which it will delve more deeply into during the next Congress.

#### ANTICIPATED ACTIVITIES FOR THE 107TH CONGRESS

Priorities for the subcommittee in the 107th Congress will include: reauthorization of the Consolidated Health Centers and National Health Service Corps programs, these programs which help ensure a strong safety net system is in place to deliver primary health services to 42.5 million uninsured individuals; reauthorization of the National Organ Transplant Act; and continued oversight regarding the effectiveness and shortcomings of Federal programs detailed to oversee and insure the protection of patients participating in medical research. In addition, the subcommittee will continue to focus on global health issues, especially issues regarding infectious diseases in Africa and developing nations.

## II. REPORTS OF THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

\* Report of Committee on Conference

<b>106-40</b>		<b>106-227</b>	<b>S. 1114</b>
Report on Legislative Activities of the Committee on Labor and Human Resources During the One Hundred Fifth Congress 1997-98		Small Mine Advocacy Review Panel Act.	
Reported: Apr. 13, 1999. (Committee)		Reported: Jan. 7, 2000.	
Related reports:		Related reports:	
Remarks: Pursuant to the Legislative Reorganization Act.		Remarks:	
<b>106-108*</b>	<b>H.R. 800</b>	<b>106-261</b>	<b>S. 2</b>
Education Flexibility Partnership Act of 1999		Educational Opportunities Act.	
Reported: Apr. 20, 1999.		Reported: Apr. 12, 2000.	
Related reports: H. Rept. 106-43.		Related reports:	
Remarks: Public Law 106-25.		Remarks:	
<b>106-82</b>	<b>S. 326</b>	<b>106-294</b>	<b>S. 2311</b>
Parents' Bill of Rights.		Ryan White CARE Act.	
Reported: June 17, 1999.		Reported: May 15, 2000.	
Related reports:		Related reports: H. Rept. 106-788.	
Remarks:		Remarks: Public Law 106-345.	
<b>106-196</b>	<b>S. 976</b>	<b>106-365</b>	<b>S. 2764</b>
Youth Drug and Mental Health Services Act.		National and Community Service Amendments Act of 2000.	
Reported: Oct. 19, 1999.		Reported: Aug. 23, 2000.	
Related reports:		Related reports:	
Remarks:		Remarks:	
<b>106-202</b>	<b>S. 385</b>	<b>106-399</b>	<b>S. 1536</b>
Safety Advancement for Employees Act of 1999.		Older Americans Act of 1965	
Reported: Oct. 28, 1999.		Reported: Sept. 7, 2000.	
Related reports:		Related reports: H. Rept. 106-343.	
Remarks:		Remarks: Public Law 106-501.	
		<b>106-448</b>	<b>S. 2829</b>
		Department of Education Investigation and Audit Legislation	
		Reported: Oct. 2, 2000.	
		Related reports: H. Rept. 106-666.	
		Remarks:	

**106-494** **S. 2725**

Chimpanzee Health Improvement and Protection Act

Reported: Oct. 10, 2000.

Related reports:

Remarks: Public Law 106-551.

**106-496** **S. 1495**

ICCVAM Authorization Act of 1999

Reported: Oct. 11, 2000.

Related reports: H. Rept. 106-980.

Remarks:

**106-505** **S. 2731**

Public Health Threats and Emergencies Act.

Reported: Oct. 18, 2000.

Related reports:

Remarks:

### III. PUBLIC LAWS ENACTED DURING THE 106TH CONGRESS

S. 447

To deem as timely filed, and process for payment, the applications submitted by the Dodson School Districts for certain Impact Aid payments for fiscal year 1999.

Mar. 23, 1999. PUBLIC LAW 106-3.

H.R. 800/S. 280

To provide for education flexibility partnerships.

Apr. 29, 1999. PUBLIC LAW 106-25.

S. 580/H.R. 2506

Healthcare Research and Quality Act of 1999.

Dec. 6, 1999. PUBLIC LAW 106-129.

H.R. 1693

To amend the FLSA to clarify the overtime exemption for employees engaged in fire protection activities.

Dec. 9, 1999. PUBLIC LAW 106-151.

S. 632

To provide assistance for poison prevention and to stabilize the funding of regional poison control centers.

Feb. 25, 2000. PUBLIC LAW 106-174.

S. 2323

To amend the Fair Labor Standards Act of 1938 to clarify the treatment of stock options under the Act.

May 18, 2000. PUBLIC LAW 106-202.

S. 1309

To amend title of the Employee Retirement Income Security Act of 1974 to provide for the preemption of State law in certain cases relating to certain church plans.

July 10, 2000. PUBLIC LAW 106-244.

S. 1515

To amend the Radiation Exposure Compensation Act.

July 10, 2000. PUBLIC LAW 106-245.

H.R. 4365

Children's Health Act of 2000.

The Act includes the Children's Health Act (H.R. 4365/S. 2868), as well as S. 976—the Youth Drug and Mental Health Services Act and S. 1996—to clarify provisions relating to the content of petitions for compensation under the vaccine injury compensation program.

Oct. 17, 2000. PUBLIC LAW 106-310.

S. 2311/H.R. 4807

To revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes.

Oct. 20, 2000. PUBLIC LAW 106-345.

H.R. 4461

Agriculture Appropriations Bill for Fiscal Year 2001.

Includes modified version of S. 2520, the Medicine Equity and Drug Safety Act of 2000.

Oct. 28, 2000. PUBLIC LAW 106-387.

**H.R. 5408**

Floyd D. Spence National Defense Authorization Act of Fiscal Year 2001.

Title XVIII of the Act includes a three-year authorization of the impact aid program under the Elementary and Secondary Education Act of 1965. See H.R. 3616 and Title VII of S. 2.  
Oct. 30, 2000. **PUBLIC LAW 106-398.**

**S. 1809/H.R. 4920**

To improve service systems for individuals with developmental disabilities, and for other purposes.

Oct. 30, 2000. **PUBLIC LAW 106-402.**

**H.R. 5178**

To require changes in the bloodborne pathogens standard in effect under the Occupational Safety and Health Act of 1970

Nov. 6, 2000. **PUBLIC LAW 106-430.**

**H.R. 782/S. 1536**

To amend the Older Americans Act of 1965 to authorize appropriations for fiscal years 2000 through 2003.

Nov. 13, 2000. **PUBLIC LAW 106-501.**

**H.R. 2498**

Public Health Improvement Act.

The omnibus health bill includes several public health related bills considered by either the House or Senate during the 106th Congress. These measures include: S. 2731—Public Health Threats and Emergencies Act of 2000; S. 1813/H.R. 1798—The Clinical Research Enhancement Act of 1999; S. 1268—21st Century Research Laboratories Act of 1999; S. 1488—To amend the Public Health Service Act to provide for recommendations of the Secretary of HHS regarding the placement of automatic external defibrillators in Federal buildings; S. 2528/H.R. 2498—Rural Access to Emergency Devices Act H.R. 762—Lupus Research and Care Amendments of 2000; S. 1243—Prostate Cancer Research and Prevention Act; S. 2625/H.R. 4592—The Organ Procurement Organization Certification Act of 2000; and H.R. 4015—The Alzheimer's Clinical Research and Training Awards Act.

Nov. 13, 2000. **PUBLIC LAW 106-525.**

**S. 1880/H.R. 3250**

To amend the Public Health Service Act to improve the health of minority individuals.

Nov. 22, 2000. **PUBLIC LAW 106-525.**

**H.R. 4281/S. 1495**

To establish, wherever feasible, guidelines, recommendations, and regulations that promote the regulatory acceptance of new and revised toxicological tests that protect human and animal health and the environment while reducing, refining, or replacing animal tests and ensuring human safety and product effectiveness.

Dec. 19, 2000. **PUBLIC LAW 106-545.**

**H.R. 3514/S. 2725**

To amend the Public Health Service Act to provide for a system of sanctuaries for chimpanzees that have been designated as being no longer needed in research conducted or supported by the Public Health Service, and for other purposes.

Dec. 20, 2000. **PUBLIC LAW 106-551.**

**H.R. 4577**

Labor, Health and Human Services, Education, and Related Agencies Appropriations Bill for Fiscal Year 2001.

Includes new programs for school modernization, charter schools, physical education (See S. 1159); early childhood education (See S. 2866); rural flexibility (See S. 1225). Also includes reauthorization of Even Start (See H.R. 3222/S. 1891), impact aid technical amendments, Higher Education Act technical amendments (See H.R. 4504), and Assets for Independence Act technical amendments (See S. 3214).

Dec. 21, 2000. **PUBLIC LAW 106-554.**

**H.R. 1795/S. 1110**

To amend the Public Health Service Act to establish the National Institute of Biomedical Imaging and Engineering.

Dec. 29, 2000. **PUBLIC LAW 106-580.**



#### IV. HEARINGS BY FULL COMMITTEE AND SUBCOMMITTEES

##### GROUP HEALTH PLAN COMPARATIVE INFORMATION AND COVERAGE DETERMINATION STANDARDS

Examining group health plan comparative information and coverage determination standards, focusing on proposed regulation on internal claims and appeals procedures and information disclosure requirement for plans under the Employee Retirement and Income Security Act (ERISA).

Date: Jan. 20, 1999.

Number of volumes: One (S. Hrg. 106-2).

##### IMPROVING EDUCATION OPPORTUNITIES: SENATORS' PERSPECTIVE

Examining proposals by several Members of the Senate to improve elementary and secondary education programs.

Date: Jan. 26, 1999.

Number of volumes: One (S. Hrg. 106-1).

##### DEPARTMENT OF EDUCATION ELEMENTARY AND SECONDARY EDUCATION PROPOSALS

Examining proposed legislation authorizing funds to extend programs and activities under the Elementary and Secondary Education Act of 1965.

Date: Feb. 9, 1999.

Number of volumes: One (S. Hrg. 106-30).

##### EDUCATION BUDGET PROPOSALS

Investing in our Nation's future: perspectives on Federal funding for education.

Date: Feb. 11, 1999.

Number of volumes: One (S. Hrg. 106-31).

##### EDUCATION REFORM: GOVERNORS' VIEWS

Examining elementary and secondary education reform initiatives at the state level and the view of State Governors on the proper role of the Federal Government.

Date: Feb. 23, 1999.

Number of volumes: One (S. Hrg. 106-4).

##### PRIVACY UNDER A MICROSCOPE: BALANCING THE NEEDS OF RESEARCH AND CONFIDENTIALITY

Examining issues involving balancing the needs of medical research and confidentiality.

Date: Feb. 24, 1999.

Number of volumes: One (S. Hrg. 106-16).

##### MEDICAL NECESSITY: FROM THEORY TO PRACTICE

Examining issues with regard to the delivery of necessary health care in the United States.

Date: Mar. 2, 1999.

Number of volumes: One (S. Hrg. 106-9).

##### KEY PATIENTS' PROTECTIONS: LESSONS FROM THE FIELD

Examining proposals to enhance consumer protections for privately-insured Americans who receive health coverage under managed care arrangements, including S. 6, to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, and S. 300 and S. 326, bills to improve access and choice of patients to quality, affordable health care.

Date: Mar. 11, 1999.

Number of volumes: One (S. Hrg. 106-10).

**MEDICAL RECORDS PRIVACY**

Vermont field hearing on Federal legislation relating to medical information confidentiality.

Date: Mar. 15, 1999 (Berlin, VT).

Number of volumes: One (S. Hrg. 106-49).

**EDUCATING THE DISADVANTAGED**

Examining legislation authorizing funds for the Elementary and Secondary Education Act, focusing on title I, education programs for the disadvantaged.

Date: Mar. 16, 1999.

Number of volumes: One (S. Hrg. 106-23).

**REAUTHORIZATION OF THE ELEMENTARY AND SECONDARY EDUCATION ACT**

Examining issues and programs related to the reauthorization of the Elementary and Secondary Education Act.

Date: Apr. 7, 1999 (Winooski, VT).

Number of volumes: One (S. Hrg. 106-62).

**WHAT WORKS: EDUCATION RESEARCH**

Examining education research issues, including research support, vehicles for dissemination, education improvement, education policy and practice, and the impact of education research on overall school and student performance.

Date: Apr. 14, 1999.

Number of volumes: One (S. Hrg. 106-28).

**REAUTHORIZATION OF THE ELEMENTARY AND SECONDARY EDUCATION ACT: A FOCUS ON PROFESSIONAL DEVELOPMENT**

Examining the effectiveness of professional development programs authorized under the Elementary and Secondary Education Act.

Date: Apr. 19, 1999 (Montpelier, VT).

Number of volumes: One (S. Hrg. 106-36).

**EDUCATION TECHNOLOGY**

Examining legislation authorizing funds for the Elementary Secondary Education Act, focusing on education technology programs.

Date: Apr. 22, 1999.

Number of volumes: One (S. Hrg. 106-78).

**MEDICAL RECORDS CONFIDENTIALITY IN A CHANGING HEALTH CARE ENVIRONMENT**

Examining issues relating to medical records confidentiality in a changing health care environment, and related measures including S. 881 and S. 578, bills to ensure confidentiality with respect to medical records and health care-related information.

Date: Apr. 27, 1999.

Number of volumes: One (S. Hrg. 106-64).

**RETENTION AND SOCIAL PROMOTION**

Examining legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on retention and social promotion.

Date: Apr. 29, 1999.

Number of volumes: One (S. Hrg. 106-54).

**SCHOOL SAFETY**

Examining legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on safety programs.

Date: May 6, 1999.

Number of volumes: One (S. Hrg. 106-142).

**REAUTHORIZATION OF THE ESEA: INNOVATIVE PROGRAMS**

Examining the Federal role in our education delivery. What is working? What is not? What can we do better?

Date: May 10, 1999 (Bennington, VT).

Number of volumes: One (S. Hrg. 106-73).

**ESEA TITLE I: EVALUATION & REFORM**

Examining legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on the Title I program, Helping Disadvantaged Children Meet High Standards, including issues as accountability, targeting assistance to low-income students, allocating resources for early childhood initiatives and making Title I a portable entitlement.

Date: May 12, 1999.

Number of volumes: One (S. Hrg. 106-51).

**ESEA: EDUCATING THE FORGOTTEN HALF**

Examining various strategies for transforming the forgotten half into the indispensable foundation of the 21st century workforce and for making secondary education the centerpiece of those strategies.

Date: May 18, 1999.

Number of volumes: One (S. Hrg. 106-59).

**ESEA: FROM TALES TO TAPE**

Examining legislation authorizing funds for programs of the Elementary and Secondary Education Act.

Date: May 20, 1999.

Number of volumes: One (S. Hrg. 106-149).

**REAUTHORIZATION FOR THE NATIONAL ENDOWMENTS OF THE ARTS AND HUMANITIES**

Examining proposed legislation authorizing funds for the National Endowment for the Arts and the National Endowment for the Humanities.

Date: May 27, 1999.

Number of volumes: One (S. Hrg. 106-172).

**ESEA: SPECIAL POPULATIONS**

Examining legislation authorizing funds for programs of Elementary and Secondary Education Act, focusing on special populations, and S. 505, to give gifted and talented students the opportunity to develop their capabilities.

Date: June 10, 1999.

Number of volumes: One (S. Hrg. 106-77).

**FEDERAL EDUCATIONAL RESEARCH AND EVALUATION EFFORTS**

(Joint hearing with House Committee on Education and the Workforce)

Examining legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on research and evaluation.

Date: June 17, 1999.

Number of volumes: One (S. Hrg. 106-128).

**PROFESSIONAL DEVELOPMENT IN ESEA**

Examining proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on professional development opportunities for teachers.

Date: June 22, 1999.

Number of volumes: One (S. Hrg. 106-83).

**ESEA: TITLE VI AND CLASS SIZE REDUCTION**

Examining legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on Title VI, Innovative Education Program Strategies.

Date: June 23, 1999.

Number of volumes: One (S. Hrg. 106-101).

**ESEA: ARTS EDUCATION AND MAGNET SCHOOLS**

Examining proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act.

Date: June 29, 1999.

Number of volumes: One (S. Hrg. 106-84).

**SCHOOL FACILITIES**

Examining proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on school facilities.

Date: June 30, 1999.

Number of volumes: One (S. Hrg. 106-153).

**ESEA: DRUG FREE SCHOOLS**

Examining proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on safe and drug free schools.

Date: July 7, 1999.

Number of volumes: One (S. Hrg. 106-178).

**ESEA: IMPROVING USES OF FUNDS**

Examining proposed legislation authorizing funds for programs of the Elementary and Secondary Education Act, focusing on improving use of funds.

Date: July 20, 1999.

Number of volumes: One (S. Hrg. 106-185).

**INNOVATIONS IN CHILD CARE**

Examining innovations that are being made to help improve the quality and supply of child care.

Date: July 27, 1999.

Number of volumes: One (S. Hrg. 106-213).

**EDUCATION READINESS**

Examining the current status of the American educational system and how well it is preparing children to meet the demands of a global economy in the 21st Century.

Date: Sept. 14, 1999.

Number of volumes: One (S. Hrg. 106-209).

**HYBRID PENSION PLANS**

Examining the growth of hybrid pension plans and their advantages and disadvantages over traditional defined benefit pension plans.

Date: Sept. 21, 1999.

Number of volumes: One (S. Hrg. 106-393).

**PAIN MANAGEMENT AND IMPROVING END-OF-LIFE CARE**

Examining pain management and improving end of life care issues, S. 1272, to amend the Controlled Substances Act to promote pain management and palliative care without permitting assisted suicide and euthanasia, and S. 941, to amend the Public Health Service Act to provide for a public response to the public health crisis of pain.

Date: Oct. 13, 1999.

Number of volumes: One (S. Hrg. 106-222).

**FDA MODERNIZATION ACT: IMPLEMENTATION OF THE LAW**

Examining the Food and Drug Administration Modernization Act (P.L. 105-115), focusing on provisions on pharmaceuticals and medical devices.

Date: Oct. 21, 1999.

Number of volumes: One (S. Hrg. 106-236).

**MEDICAL ERRORS: A LOOK AT THE IOM REPORT**

Examining the incidence of medical errors, focusing on the Institute of Medicine report on medical safety.

Date: Jan. 26, 2000.

Number of volumes: One (S. Hrg. 106-396).

**MEDICAL ERRORS: UNDERSTANDING ADVERSE DRUG EVENTS**

Examining the incidence of medical errors, focusing on understanding adverse drug events.

Date: Feb. 1, 2000.

Number of volumes: One (S. Hrg. 106-492).

**MEDICAL ERRORS: THE VERMONT PERSPECTIVE**

Examining the critical problem of medical errors and how we can go about reducing them.

Date: Feb. 16, 2000 (Montpelier, VT).

Number of volumes: One (S. Hrg. 106-427).

#### MEDICAL ERRORS: ADMINISTRATION RESPONSE AND OTHER PERSPECTIVES

(Joint hearing with Senate Committee on Appropriations)

Examining the Administration's and certain industries' responses to the Institute of Medicine's report on medical errors, focusing on patient safety issues.

Date: Feb. 22, 2000.

Number of volumes: One (S. Hrg. 106-502).

#### REAUTHORIZATION OF THE RYAN WHITE CARE ACT

Examining the Ryan White Care Act, focusing on the challenges of an evolving HIV/AIDS epidemic.

Mar. 2, 2000.

Number of volumes: One (S. Hrg. 106-509).

#### E-DRUGS: WHO REGULATES INTERNET PHARMACIES?

Examining the benefits and risks of pharmaceutical sales over the Internet, focusing on public health implications, law enforcement, and regulatory challenges.

Mar. 21, 2000.

Number of volumes: One (S. Hrg. 106-514).

#### PROTECTING PENSION ASSETS

Examining issues dealing with protecting pension assets in personal bankruptcy, the Employer Retirement Income Security Act, and on certain provisions of H.R. 833, to amend title 11 of the United States Code (Bankruptcy Reform).

Apr. 13, 2000.

Number of volumes: One (S. Hrg. 106-524).

#### PROPOSED RULE ON THE PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

Examining issues dealing with privacy of individually identifiable health information, focusing on related provisions of the Health Insurance Portability and Accountability Act.

Apr. 26, 2000.

Number of volumes: One (S. Hrg. 106-501).

#### DEPARTMENT OF ENERGY EMPLOYEE COMPENSATION PLAN

Examining legislation to provide Federal compensation—lost wages and health benefits—to the Department of Energy contract workers afflicted with occupational illnesses—those illnesses resulting from their unknown exposure to hazardous, radioactive materials.

May 15, 2000. (Columbus, OH).

Number of volumes: One (S. Hrg. 106-532).

#### MENTAL HEALTH PARITY

Examining mental health parity issues, including S. 796, to provide for full parity with respect to health insurance coverage for certain severe biologically-based mental illnesses and to prohibit limits on the number of mental illness-related hospital days and outpatient visits that are covered for all mental illnesses.

May 18, 2000.

Number of volumes: One (S. Hrg. 106-582).

#### ENSURING ACCESS TO AFFORDABLE HEALTH CARE

Examining the topic of ensuring access to affordable health care coverage.

May 31, 2000 (Montpelier, VT).

Number of volumes: One (S. Hrg. 106-556).

#### GENDER-BASED WAGE DISCRIMINATION

Examining the Bureau of Labor Statistics report which provides a full picture of the gender-based wage gap, the reasons for these gaps and the impact this discrimination has on women and families, and the effectiveness of current laws and proposed legislative solutions, and S. 74, to amend the Fair Labor Standards Act of 1938 to provide more effective remedies to victims of discrimination in the payment of wages on the basis of sex.

June 8, 2000.

Number of volumes: One (S. Hrg. 106-631).

**DRUG SAFETY AND PRICING**

Examining the accessibility of affordable prescription drugs, the price differentials for identical prescription drugs in the international marketplace, and drug quality and safety.

June 13, 2000.

Number of volumes: One (S. Hrg. 106-651).

**OVERVIEW OF FEDERAL SERVICE PROGRAMS**

Examining proposed legislation authorizing funds for programs of the National and Community Service Act and the Domestic Volunteer Service Act.

June 20, 2000.

Number of volumes: One (S. Hrg. 106-542).

**REPROCESSING OF SINGLE-USE MEDICAL DEVICES**

Examining the safety and effectiveness of certain medical devices, focusing on the practice of reprocessing and reusing certain medical devices that were designed, manufactured, and approved by FDA for use in a single patient, during a single procedure.

June 27, 2000.

Number of volumes: One (S. Hrg. 106-656).

**NATIONAL SCIENCE FOUNDATION: EXPLORING THE ENDLESS FRONTIER**

Examining proposed legislation authorizing funds for the National Science Foundation, focusing on its role in and contribution to our Nation's mathematics, science and engineering research, and math and science education.

July 12, 2000.

Number of volumes: One (S. Hrg. 106-667).

**PRESCRIPTION DRUG COSTS: WHAT DRIVES INCREASES?**

Examining the factors driving prescription drug expenditure increases.

July 18, 2000.

Number of volumes: One (S. Hrg. 106-643).

**GENETIC INFORMATION IN THE WORKPLACE**

Examining issues relating to the development of Federal policy governing the treatment of an individual's genetic information in the workplace in light of the recent Human Genome Project breakthroughs.

July 20, 2000.

Number of volumes: One (S. Hrg. 106-647).

**PUBLIC SAFETY EMPLOYER-EMPLOYEE COOPERATION ACT OF 1999**

S. 1016. Mr. DeWine, et al.

To provide collective bargaining for rights for public safety officers employed by States or their political subdivisions.

July 25, 2000.

Number of volumes: One (S. Hrg. 106-704).

**AMERICANS WITH DISABILITIES ACT (ADA): OPENING THE DOORS TO THE WORKPLACE**

Examining the progress made since the enactment of the Americans with Disabilities Act ten years ago, focusing on progress made toward eliminating segregation, discrimination, and exclusion of people with disabilities from the benefits and opportunities afforded to others.

July 26, 2000.

Number of volumes: One (S. Hrg. 106-692).

**THE FUTURE OF FOOD: BIOTECHNOLOGY AND CONSUMER CONFIDENCE**

Examining issues related to biotechnology and genetically engineered food, and the measures needed to ensure consumer safety and confidence with respect to these food products.

Sept. 26, 2000.

Number of volumes: One (S. Hrg. 106-698).

**IMPACT OF HIGHER ENERGY PRICES ON THE POOR**

Examining issues relating to the energy crisis and high fuel cost impact on low-income families, the effectiveness of the Low Income Home Energy Assistance Program (LIHEAP) to provide heating assistance to those in need, and proposed increase in LIHEAP funding.

Oct. 3, 2000.

Number of volumes: One (S. Hrg. 106-718).

**HEALTH CARE COVERAGE: 45 MILLION UNINSURED AND COUNTING**

Examining issues relating to the challenges and barriers faced in obtaining and maintaining affordable health care coverage, including related data from the recent Current Population Survey, the impact of current tax policy, and expanding coverage.

Oct. 4, 2000.

Number of volumes: One (S. Hrg. 106-775).

**HEARINGS ON NOMINATIONS**

**DEPARTMENT OF LABOR**

Richard McGahey, of District of Columbia, to be Assistant Secretary of Labor.

Date: May 13, 1999.

Number of volumes: One (S. Hrg. 106-50).

## HEARINGS BY THE SUBCOMMITTEE ON CHILDREN AND FAMILIES

### THE FAMILY AND MEDICAL LEAVE ACT: PRESENT IMPACT AND POSSIBLE NEXT STEPS

Examining the implementation of the Family and Medical Leave Act and to discuss the President's proposals to extend the Act's benefits and fund research to provide information on the Act's impact on American families.

Date: July 14, 1999.

Number of volumes: One (S. Hrg. 106-156)

### KEEPING CHILDREN SAFE FROM INTERNET PREDATORS

Examining child safety on the Internet, focusing on online protection from predators.

Date: Mar. 28, 2000.

Number of volumes: One (S. Hrg. 106-638)

### EARLY CHILDHOOD PROGRAMS FOR LOW- INCOME FAMILIES: AVAILABILITY AND IMPACT

Examining early childhood programs for low-income families, focusing on Federal and State funding and collaborative efforts and the effectiveness of Federal preschool and child care programs.

Number of volumes: One (S. Hrg. 106-520)



## HEARINGS BY THE SUBCOMMITTEE ON PUBLIC HEALTH

**ANTIMICROBIAL RESISTANCE: SOLUTIONS FOR THIS GROWING PUBLIC HEALTH THREAT**

Examining the public health problem of antimicrobial resistance, or the ability of bacteria to become resistant to antibiotics.

Feb. 25, 1999.

Number of volumes: One (S. Hrg. 106-7).

**BIOTERRORISM: OUR FRONTLINE RESPONSE, EVALUATING U.S. PUBLIC HEALTH AND MEDICAL READINESS**

Examining issues relating to bioterrorism, including United States public health and medical readiness, biological terrorism deterrence, outbreak containment and investigation, national pharmaceutical stockpile, and research and development.

Mar. 25, 1999.

Number of volumes: One (S. Hrg. 106-21).

**EFFECTS OF PUBLIC FINANCING ON PUBLIC HEALTH INFRASTRUCTURE**

Examining the relationship of public health care financing and policy to the health care infrastructure in the State of Kansas and nationwide.

July 7, 1999 (Wichita, KS).

Number of volumes: One (S. Hrg. 106-205).

**LEAD POISONING: A SERIOUS THREAT TO OUR CHILDREN**

Examining the serious impact that exposure to lead can have on our children's health and development.

Sept. 7, 1999 (Providence, RI).

Number of volumes: One (S. Hrg. 106-226).

**CHILDREN'S HEALTH: PROTECTING OUR MOST PRECIOUS RESOURCE**

Examining issues relating to children's health, focusing on autism, asthma, and traumatic brain injury.

Sept. 16, 1999.

Number of volumes: One (S. Hrg. 106-214).

**CHILDHOOD LEAD POISONING: OLDER HOMES, SILENT HAZARD**

Examining the serious impact that exposure to lead can have on our children's health and development and to explore ways to improve our efforts to detect, prevent, and ultimately eliminate lead poisoning among our children.

Nov. 15, 1999 (Lewiston, ME.)

Number of volumes: One (S. Hrg. 106-313).

**GENE THERAPY: IS THERE OVERSIGHT FOR PATIENT SAFETY?**

Examining certain issues regarding patient safety in gene therapy clinical trials, focusing on Federal oversight procedures and guidelines for informing patients and their families of potential risks and benefits of gene therapy.

Feb. 2, 2000.

Number of volumes: One (S. Hrg. 106-447).

**HEALTH CARE FOR THE UNINSURED: THE ROLE OF SAFETY NET PROVIDERS**

Examining the access of essential health care services for the uninsured and medically underserved individuals, focusing on certain safety net programs to reduce the barriers and increase health insurance access to the uninsured, and the proposed Community Access to Health Care Act.

Mar. 23, 2000.

Number of volumes: One (S. Hrg. 106-519).

**GENE THERAPY: ARE PATIENTS ANY SAFER?**

Examining safety of patients who participate in experimental gene therapy research and clinical trials, recent revelations regarding lapses in patient safety and compliance with federal regulations, and the need to strengthen our current federal oversight system.

Mar. 25, 2000.

Number of volumes: One (S. Hrg. 106-640).

**HEALTH DISPARITIES: BRIDGING THE GAP**

Examining health care disparities among women, minorities, and rural underserved populations, and the actions of the National Institutes of Health to address these disparities, as well as review any relevant legislation designed to address the issues of health disparities.

Date: July 26, 2000.

Number of volumes: One (S. Hrg. 106-695).

# HEARINGS BY THE SUBCOMMITTEE ON AGING

## OLDER AMERICANS ACT: OVERSIGHT AND REVIEW

Examining the implementation of and proposed authorizations for the Older Americans Act.

Date: Mar. 3, 1999.

Number of volumes: One (S. Hrg. 106-15).

## OLDER AMERICANS ACT: ELDER ABUSE

Examining legislation authorizing funds for programs of the Older Americans Act, focusing on elder abuse prevention provisions, the Preventing Elder Financial Exploitation project, Medicaid Fraud Control Units, and the Long Term Care Ombudsman Program.

Date: Mar. 23, 1999.

Number of volumes: One (S. Hrg. 106-27).

## OLDER AMERICANS ACT: SUPPORTIVE SERVICES

Examining legislation authorizing funds for programs of the Older Americans Act, focusing on title three's and title six's nutrition programs, transportation, home-based care, and similar services provided to Native Americans.

Date: Apr. 30, 1999.

Number of volumes: One (S. Hrg. 106-34).

## OLDER AMERICANS ACT: STATE AND LOCAL VIEWS

Examining the implementation of and proposed authorizations for the Older Americans Act.

Date: May 17, 1999 (Cleveland, OH).

Number of volumes: One (S. Hrg. 106-75).

## OLDER AMERICANS ACT, TITLE V: LONGEVITY IN THE WORKPLACE

Examining legislation authorizing funds for the Older Americans Act, focusing on Title V, the Senior Community Service Employment Program.

Date: May 27, 1999.

Number of volumes: One (S. Hrg. 106-174).

## OLDER AMERICANS ACT AND A LONG-TERM FAMILY CAREGIVER PROGRAM

Examining legislation authorizing funds for programs of the Older Americans Act, focusing on the need for a National Family Caregiver Support Program.

Date: June 22, 1999.

Number of volumes: One (S. Hrg. 106-133).

## HEARINGS BY THE SUBCOMMITTEE ON EMPLOYMENT, SAFETY, AND TRAINING

### THE NEW SAFE ACT

To amend the Occupational Safety and Health Act of 1970 to further improve the safety and health of working environments.

Date: Mar. 4, 1999.

Number of volumes: One (S. Hrg. 106-37).

### ACCIDENT PREVENTION, THE FOCUS OF SAFE

S. 385. Mr. Enzi (for himself and others).

To amend the Occupational Safety and Health Act of 1970 to further improve the safety and health of working environments, and other related OSHA reform issues.

Date: Apr. 13, 1999.

Number of volumes: One (S. Hrg. 106-53).

### THE PRACTICE OF SALTING AND ITS IMPACT ON SMALL BUSINESS

(Joint hearing with House Committee on Education and the Workforce)

Examining the practice of salting and its impact on small business.

Date: May 10, 1999 (Indianapolis, IN).

Number of volumes: One (S. Hrg. 106-169).

### INCREASING MSHA AND SMALL MINE COOPERATION

(Joint hearing with House Subcommittee on Employer-Employee Relations of the Committee on Education and the Workforce)

Examining legislation to amend the Federal Mine Safety and Health Act of 1977, to establish a more cooperative and effective method for rulemaking that takes into account the special needs and concerns of smaller miners.

Date: May 26, 1999.

Number of volumes: One (S. Hrg. 106-166).

### THE WORKFORCE INVESTMENT ACT: JOB TRAINING

Examining the implementation of the Workforce Investment Act of 1998.

Date: July 1, 1999.

Number of volumes: One (S. Hrg. 106-188).

### FAIR ACT: BALANCING THE SCALES OF JUSTICE FOR SMALL BUSINESS

To allow the recovery of attorney's fees and costs by certain employers and labor organizations who are prevailing parties in proceedings brought against them by the National Labor Relations Board or by the Occupational Safety and Health Administration.

Date: July 29, 1999.

Number of volumes: One (S. Hrg. 106-206).

### THE ERGONOMICS RULE: OSHA'S INTERFERENCE WITH STATE WORKERS' COMPENSATION

Examining the relationship between the Occupational Safety and Health Administration's proposed Ergonomic Program Standard and State Workers' Compensation laws.

Date: April 27, 2000.

Number of volumes: One (S. Hrg. 106-529).

### PROJECT LABOR AGREEMENTS EXAMINED

Examining if project labor agreements and their use of public funds are really in the best interest of taxpayers.

Date: June 5, 2000 (Irvine, CA).

Number of volumes: One (S. Hrg. 106-641).

### EFFECT OF THE PROPOSED ERGONOMICS STANDARD ON MEDICAID AND MEDICARE PATIENTS AND PROVIDERS

Examining the Occupational Safety and Health Administration's proposed ergonomics program and its possible impact on Medicaid, Medicare, and other health care costs.

Date: July 13, 2000.

Number of volumes: One (S. Hrg. 106-680).

DECEMBER 31, 2000

## V. STATISTICAL SUMMARY

## ACTIVITIES OF THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS 106TH CONGRESS

	1999 1ST SESS.	2000 2D SESS.	TOTALS
<b>Nominations</b>			
Referred to Committee	737	68	805
Reported to Senate	168	590	758
Confirmed by Senate	210	595	805
Withdrawn (by House or personal request)	1	2	3
Returned to President (pursuant to Rule XXXI of Senate)		26	26
Recess appointments		20	20
<b>Communications</b>			
Presidential messages	3		3
Executive reports	335	319	654
Total	338	319	657
<b>Bills and Resolutions*</b>			
Senate bills and joint resolutions	239	113	352
Senate resolutions and concurrent resolutions	12	3	15
House-passed bills, joint resolutions, and concurrent resolutions	12	18	30
Total	263	134	397
<b>Hearing Days Held</b>			
Full Committee:			
In Washington, DC	32	20	52
Out of town	4	3	7
Subcommittees:			
In Washington, DC	14	19	33
Out of town	5	6	11
Total	55	48	103
<b>Executive Meetings</b>			
Full committee	7	13	20
Subcommittees			
Conference sessions	1		1
Total	8	13	21
<b>Reported to the Senate</b>			
Senate bills and joint resolutions	9	6	15
House-passed bills	2		2
Senate resolutions, concurrent resolutions, and special reports			
Total	11	6	17
<b>Presidential Action</b>			
Public laws	4	17	21
Vetoed			
Presidential vetoes overridden and enacted into law			

\*Including bills acted upon introduction and Senate and House bills taken from the Calendar or desk.

## VI. RULES OF PROCEDURE

(As agreed to February 28, 2001)

RULE 1.—Subject to the provisions of rule XXVI, paragraph 5, of the Standing Rules of the Senate, regular meetings of the committee shall be held on the second and fourth Wednesday of each month, at 10:00 a.m., in room SD-430, Dirksen Senate Office Building. The chairman may, upon proper notice, call such additional meetings as he may deem necessary.

RULE 2.—The chairman of the committee or of a subcommittee, or if the chairman is not present, the ranking majority member present, shall preside at all meetings. *The chairman may designate the ranking minority member to preside at hearings of the committee or subcommittee.*

RULE 3.—Meetings of the committee or a subcommittee, including meetings to conduct hearings, shall be open to the public except as otherwise specifically provided in subsections (b) and (d) of rule 26.5 of the Standing Rules of the Senate.

RULE 4.—(a) Subject to paragraph (b), one-third of the membership of the committee, actually present, shall constitute a quorum for the purpose of transacting business. Any quorum of the committee which is composed of less than a majority of the members of the committee shall include at least one member of the majority and one member of the minority.

(b) A majority of the members of a subcommittee, actually present, shall constitute a quorum for the purpose of transacting business; provided, no measure or matter shall be ordered reported unless such majority shall include at least one member of the minority who is a member of the subcommittee. If, at any subcommittee meeting, a measure or matter cannot be ordered reported because of the absence of such a minority member, the measure or matter shall lay over for a day. If the presence of a member of the minority is not then obtained, a majority of the members of the subcommittee, actually present, may order such measure or matter reported.

(c) No measure or matter shall be ordered reported from the committee or a subcommittee unless a majority of the committee or subcommittee is actually present at the time such action is taken.

RULE 5.—With the approval of the chairman of the committee or subcommittee, one member thereof may conduct public hearings other than taking sworn testimony.

RULE 6.—Proxy voting shall be allowed on all measures and matters before the committee or a subcommittee if the absent member has been informed of the matter on which he is being recorded and has affirmatively requested that he be so recorded. While proxies may be voted on a motion to report a measure or matter from the committee, such a motion shall also require the concurrence of a majority of the members who are actually present at the time such action is taken.

The committee may poll any matters of committee business as a matter of unanimous consent; provided that every member is polled and every poll consists of the following two questions:

- (1) Do you agree or disagree to poll the proposal; and
- (2) Do you favor or oppose the proposal.

RULE 7.—There shall be prepared and kept a complete transcript or electronic recording adequate to fully record the proceedings of each committee or subcommittee meeting or conference whether or not such meetings or any part thereof is closed pursuant to the specific provisions of subsections (b) and (d) of rule 26.5 of the Standing Rules of the Senate, unless a majority of said members vote to forgo such a record. Such records shall contain the vote cast by each member of the committee or subcommittee on any question on which a "yea and nay" vote is demanded, and shall be available for inspection by any committee member. The clerk of the committee, or the clerk's designee, shall have the responsibility to make appropriate arrangements to implement this rule.

RULE 8.—The committee and each subcommittee shall undertake, consistent with the provisions of rule XXVI, paragraph 4, of the Standing Rules of the Senate, to issue public announcement of any hearing it intends to hold at least one week prior to the commencement of such hearing.

RULE 9.—The committee or a subcommittee shall, so far as practicable, require all witnesses heard before it to file written statements of their proposed testimony at least 24 hours before a hearing, unless the chairman and the ranking minority member determine that there is good cause for failure to so file, and to limit their oral presentation to brief summaries of their arguments. The presiding officer at any hearing is authorized to limit the time of each witness appearing before the committee or a subcommittee. The committee or a subcommittee shall, as far as practicable, utilize testimony previously taken on bills and measures similar to those before it for consideration.

RULE 10.—Should a subcommittee fail to report back to the full committee on any measure within a reasonable time, the chairman may withdraw the measure from such subcommittee and report that fact to the full committee for further disposition.

RULE 11.—No subcommittee may schedule a meeting or hearing at a time designated for a hearing or meeting of the full committee. No more than one subcommittee executive meeting may be held at the same time.

RULE 12.—It shall be the duty of the chairman in accordance with section 133(c) of the Legislative Reorganization Act of 1946, as amended, to report or cause to be reported to the Senate, any measure or recommendation approved by the committee and to take or cause to be taken, necessary steps to bring the matter to a vote in the Senate.

RULE 13.—Whenever a meeting of the committee or subcommittee is closed pursuant to the provisions of subsection (b) or (d) of rule 26.5 of the Standing Rules of the Senate, no person other than members of the committee, members of the staff of the committee, and designated assistants to members of the committee shall be permitted to attend such closed session, except by special dispensation of the committee or subcommittee or the chairman thereof.

RULE 14.—The chairman of the committee or a subcommittee shall be empowered to adjourn any meeting of the committee or a subcommittee if a quorum is not present within fifteen minutes of the time schedule for such meeting.

RULE 15.—Whenever a bill or joint resolution repealing or amending any statute or part thereof shall be before the committee or a subcommittee for final consideration, the clerk shall place before each member of the committee or subcommittee a print of the statute or the part or section thereof to be amended or replaced showing by stricken-through type, the part or parts to be omitted and in italics, the matter proposed to be added, if a member makes a timely request for such print.

RULE 16.—An appropriate opportunity shall be given the minority to examine the proposed text of committee reports prior to their filing or publication. In the event there are supplemental, minority, or additional views, an appropriate opportunity shall be given the majority to examine the proposed text prior to filing or publication. *Unless the chairman and ranking minority member agree on a shorter period of time, the minority shall have no fewer than three business days to prepare supplemental, minority or additional views for inclusion in a committee report from the time the majority makes the proposed text of the committee report available to the minority.*

RULE 17.—(a) The committee, or any subcommittee, may issue subpoenas, or hold hearings to take sworn testimony or hear subpoenaed witnesses, only if such investigative activity has been authorized by majority vote of the committee.

(b) For the purpose of holding a hearing to take sworn testimony or hear subpoenaed witnesses, three members of the committee or subcommittee shall constitute a quorum; provided, with the concurrence of the chairman and ranking minority member of the committee or subcommittee, a single member may hear subpoenaed witnesses or take sworn testimony.

(c) The committee may, by a majority vote, delegate the authority to issue subpoenas to the chairman of the committee or a subcommittee, or to any member designated by such chairman. Prior to the issuance of each subpoena, the ranking minority member of the committee or subcommittee, and any other member so requesting, shall be notified regarding the identity of the person to whom it will be issued and the nature of the information sought and its relationship to the authorized investigative activity, except where the chairman of the committee or subcommittee, in consultation with the ranking minority member, determines that such notice would unduly impede the investigation. All information obtained pursuant to such investigative activity shall be made available as promptly as possible to each member of the committee requesting same, or to any assistant to a member of the committee designated by such member in writing, but the use of any such information is subject to restrictions imposed by the rules of the Senate. Such information, to the extent that it is relevant to the investigation shall, if requested by a member, be summarized in writing as soon as practicable. Upon the request of any member, the chairman of the committee or subcommittee shall call an executive session to discuss such investigative activity or the issuance of any subpoena in connection therewith.

(d) Any witness summoned to testify at a hearing, or any witness giving sworn testimony, may be accompanied by counsel of his own choosing who shall be permitted, while the witness is testifying, to advise him of his legal rights.

(e) No confidential testimony taken or confidential material presented in an executive hearing, or any report of the proceedings of such an executive hearing, shall be made public, either in whole or in part or by way of summary, unless authorized by a majority of the members of the committee or subcommittee.

RULE 18.—Presidential nominees shall submit a statement of their background and financial interests, including the financial interests of their spouse and children living in their household, on a form approved by the committee which shall be sworn to as to its completeness and accuracy. The committee form shall be in two parts—

(I) information relating to employment, education and background of the nominee relating to the position to which the individual is nominated, and which is to be made public; and,

(II) information relating to financial and other background of the nominee, to be made public when the committee determines that such information bears directly on the nominee's qualifications to hold the position to which the individual is nominated.

Information relating to background and financial interests (parts I and II) shall not be required of (a) candidates for appointment and promotion in the Public Health Service Corps; and (b) nominees for less than full-time appointments to councils, commissions or boards when the committee determines that some or all of the information is not relevant to the nature of the position. Information relating to other background and financial interests (part II) shall not be required of any nominee when the committee determines that it is not relevant to the nature of the position.

Committee action on a nomination, including hearings or meetings to consider a motion to recommend confirmation, shall not be initiated until at least five days after the nominee submits the form required by this rule unless the chairman, with the concurrence of the ranking minority member, waives this waiting period.

RULE 19.—Subject to statutory requirements imposed on the committee with respect to procedure, the rules of the committee may be changed, modified, amended or suspended at any time; provided, not less than a majority of the entire membership so determine at a regular meeting with due notice, or at a meeting specifically called for that purpose.

Rule 20.—*When the ratio of members on the committee is even, the term "majority" as used in the committee's rules and guidelines shall refer to the party of the chairman for purposes of party identification. Numerical requirements for quorums, votes and the like shall be unaffected.*

Rule 21.—*First degree amendments must be filed with the chairman at least 24 hours before an executive session. The chairman shall promptly distribute all filed amendments to the members of the committee. The chairman may modify the filing requirements to meet special circumstances with the concurrence of the ranking minority member.*

RULE [20] 22.—In addition to the foregoing, the proceedings of the committee shall be governed by the Standing Rules of the Senate and the provisions of the Legislative Reorganization Act of 1946, as amended.